

# ANNUAL STATEMENT

For the Year Ended December 31, 2008

of the Condition and Affairs of the

# **HEALTHMARKETS INSURANCE COMPANY**

NAIC Group Code.....264, 264

(Current Period) (Prior Period)

NAIC Company Code..... 92908

Employer's ID Number..... 23-2850522

Organized under the Laws of OKLAHOMA Incorporated/Organized..... June 11, 1981

State of Domicile or Port of Entry OKLAHOMA

Country of Domicile US

Commenced Business..... August 17, 1981

Statutory Home Office

Main Administrative Office

120 NORTH ROBINSON..... OKLAHOMA CITY ..... OK ..... 73102

(City or Town, State and Zip Code) (Street and Number)

9151 BOULEVARD 26..... NORTH RICHLAND HILLS ..... TX ..... 76180

817-255-3100 (Area Code) (Telephone Number)

Mail Address

9151 BOULEVARD 26..... NORTH RICHLAND HILLS ..... TX ..... 76180 (Street and Number or P. O. Box)

(Street and Number)

(Street and Number)

Primary Location of Books and Records

9151 BOULEVARD 26..... NORTH RICHLAND HILLS ..... TX ..... 76180 (City or Town, State and Zip Code)

(City or Town, State and Zip Code)

817-255-3100 (Area Code) (Telephone Number)

Internet Web Site Address Statutory Statement Contact HEALTHMARKETS.COM MARIA C. PALACIOS

817-255-3100-5473 (Area Code) (Telephone Number) (Extension)

(Name) connie.palacios@healthmarkets.com

(E-Mail Address)

817-255-5390 (Fax Number)

#### **OFFICERS**

1. PHILLIP JOHN HILDEBRAND

Title PRESIDENT & CHIEF EXECUTIVE

Name 2. PEGGY GIBBONS SIMPSON Title

3 MARIA CONSUELO PALACIOS

**OFFICER** 

TREASURER

4 PHILIP RYDZEWSKI

(City or Town, State and Zip Code)

SENIOR VICE PRESIDENT & CHIEF

ACCOUNTING OFFICER

**SECRETARY** 

OTHER

MICHAEL ALLAN COLLIELOWER DERRICK ANTHONY DUKE

Executive Vice President Senior Vice President

SUSAN FLIZARETH DEW

Senior Vice President

#### **DIRECTORS OR TRUSTEES**

MICHAEL ALLAN COLLIFLOWER

DERRICK ANTHONY DUKE

PHILLIP JOHN HILDEBRAND

State of TEXAS TARRANT County of.....

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	<u> </u>	(Signature)		(Signature)				
PHILLIP JOHN HILDEBRAND		PEGGY GIBBONS S	IMPSON	MARIA CONSUELO PALACIOS				
1. (Printed Name)	<u></u>	2. (Printed Nar	me)	3. (Printed Name)				
PRESIDENT & CHIEF EXECUTIVE OFFICE	ER	SECRETAR'	Y	TREASURER				
(Title)		(Title)		(Title)				
Subscribed and sworn to before me		a. Is this a	ın original filing?	Yes [X] No [ ]				
This 16TH day of FEBRUAR	Y 2009	b. If no	1. State the amendment number					
		•	2. Date filed					
			3. Number of pages attached					

DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

LIFE INSURANCE

	LIFE INSURANCE										
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	,	,								
1.	Life insurance					0					
2.	Annuity considerations					0					
3.	Deposit-type contract funds										
4.	Other considerations.					0					
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0					
	DIRECT DIVIDENDS TO POLICYHOLDERS		-								
	Life insurance:										
6.1	Paid in cash or left on deposit					0					
6.2	Applied to pay renewal premiums					0					
6.3	Applied to provide paid-up additions or shorten the endowment										
	or premium-paying period					0					
6.4	Other					0					
6.5	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0					
	Annuities:										
7.1	Paid in cash or left on deposit					0					
7.2	Applied to provide paid-up annuities					0					
7.3	Other					0					
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0					
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0					
	DIRECT CLAIMS AND BENEFITS PAID										
9.	Death benefits					0					
10.	Matured endowments					0					
11.	Annuity benefits					0					
12.	Surrender values and withdrawals for life contracts					0					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0					
14.	All other benefits, except accident and health					0					
15.	Totals	0	0	0	0	0					
		DETAIL	S OF WRITE-INS	<del>!</del>	<del>!</del>	<u> </u>					
1301.						0					
1302.						0					
1303.						0					
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0					
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0		0					
	,										

	(	Ordinary		Credit Life and Individual)		Group	ln	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
			No. of Ind. Pols. & Gr.		No. of					
DIDECT DEATH DENESITO AND	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims.					<u></u>				0	
18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise					<u></u>				0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	

ACCIDENT AND HEALTH INCONANCE												
	1	2	3	4	5							
			Dividends Paid Or	Direct								
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses							
	Premiums	Earned	Business	Paid	Incurred							
24. Group policies (b)												
24.1 Federal Employee Health Benefits Program premium (b)												
24.2 Credit (group and individual)												
24.3 Collectively renewable policies (b)												
Other Individual Policies:												
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated reasons only (b)												
25.4 Other accident only												
25.5 All other (b)												
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0							
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0							

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF \* ALABAMA DURING THE YEAR NAIC Company Code.....92908 NAIC Group Code.....264

LIFE INSURANCE

		1	2 Credit Life	3	4	5					
			(Group and								
		Ordinary	Individual)	Group	Industrial	Total					
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	0.0	a.rrada.y	0.045							
1.	Life insurance					0					
2.	Annuity considerations					0					
3.	Deposit-type contract funds		XXX		XXX	0					
4.	Other considerations					0					
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0					
	DIRECT DIVIDENDS TO POLICYHOLDERS										
	Life insurance:										
6.1	Paid in cash or left on deposit					0					
6.2	Applied to pay renewal premiums					0					
6.3	Applied to provide paid-up additions or shorten the endowment										
	or premium-paying period					0					
6.4	Other					0					
6.5	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0					
	Annuities:										
7.1	Paid in cash or left on deposit					0					
7.2	Applied to provide paid-up annuities					0					
7.3	Other					0					
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0					
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0					
	DIRECT CLAIMS AND BENEFITS PAID										
9.	Death benefits					0					
10.	Matured endowments					0					
11.	Annuity benefits					0					
12.	Surrender values and withdrawals for life contracts					0					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0					
14.	All other benefits, except accident and health					0					
15.	Totals	0	0	0	0	0					
	DETAILS OF WRITE-INS										
1301.						0					
1302.						0					
						0					
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0					
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0					

	(	Ordinary		Credit Life and Individual)		Group	ln	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
			No. of Ind. Pols. & Gr.		No. of					
DIDECT DEATH DENESITO AND	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims.					<u></u>				0	
18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise					<u></u>				0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	

ACCIDENT AND HEALTH INCONANCE												
	1	2	3	4	5							
			Dividends Paid Or	Direct								
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses							
	Premiums	Earned	Business	Paid	Incurred							
24. Group policies (b)												
24.1 Federal Employee Health Benefits Program premium (b)												
24.2 Credit (group and individual)												
24.3 Collectively renewable policies (b)												
Other Individual Policies:												
25.1 Non-cancelable (b)		<b>7</b> L										
25.2 Guaranteed renewable (b)												
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \												
25.3 Non-renewable for stated reasons only (b)												
25.4 Other accident only												
25.5 All other (b)												
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0							
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0							

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Company Code.....92908

NAIC Group Code.....264

# LIFE INSURANCE

	LIFE INJURANCE										
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		,								
1.	Life insurance					0					
2.	Annuity considerations					0					
3.	Deposit-type contract funds		XXX		XXX						
4.	Other considerations										
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	l					
	DIRECT DIVIDENDS TO POLICYHOLDERS										
	Life insurance:										
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums					l					
6.3	Applied to provide paid-up additions or shorten the endowment										
	or premium-paying period										
6.4	Other										
6.5	Other		0	0	0						
	Annuities:										
7.1	Paid in cash or left on deposit					0					
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0						
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0						
	DIRECT CLAIMS AND BENEFITS PAID										
9.	Death benefits										
10.	Matured endowments					(					
11.	Annuity benefits					(					
12.	Surrender values and withdrawals for life contracts					0					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0					
14.	All other benefits, except accident and health					0					
15.	Totals	0	0	0	0	0					
			S OF WRITE-INS	<u> </u>	+						
1301.		2217112				0					
1302.											
	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0						
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	0						
	· · · · · · · · · · · · · · · · · · ·					1					

	(	Ordinary	Credit Life (Group and Individual)			Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
			No. of Ind. Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.			<u></u>		<u></u>				0	0
18.1 By payment in tull	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected				-					0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT AND HEALTH INCONANCE												
	1	2	3	4	5							
			Dividends Paid Or	Direct								
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses							
	Premiums	Earned	Business	Paid	Incurred							
24. Group policies (b)												
24.1 Federal Employee Health Benefits Program premium (b)												
24.2 Credit (group and individual)												
24.3 Collectively renewable policies (b)												
Other Individual Policies:												
25.1 Non-cancelable (b)		<b>7</b> L										
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated reasons only (b)												
25.4 Other accident only												
25.5 All other (b)												
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0							
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0							

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN AMERICAN SAMOA DURING THE YEAR

NAIC Group Code.....264 NAIC Company Code.....92908

LIFE INSURANCE

1			LIFE INSURANCE									
1. Life insurance			1 Ordinary	(Group and	v	7						
1. Life insurance		DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	, , ,	,								
2. Annuity considerations.	1.						0					
3. Deposit-type contract funds.	2						0					
4. Other considerations.		,		XXX		XXX	0					
State   Totals (Sum of Lines 1 to 4)	4.	1 21					0					
DIRECT DIVIDENDS TO POLICYHOLDERS   Life insurance:	5.					0	0					
6.1   Paid in cash or left on deposit				-	-							
6.2 Applied to pay renewal premiums.		Life insurance:										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period. 6.4 Other. 6.5 Totals (Sum of Lines 6.1 to 6.4)	6.1	Paid in cash or left on deposit					0					
Other	6.2	Applied to pay renewal premiums					0					
Other	6.3	Applied to provide paid-up additions or shorten the endowment										
Annuities:		or premium-paying period					0					
Annuities:	6.4	Other					0					
Annuities:	6.5	Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0					
7.2 Applied to provide paid-up annuities.		Annuities:										
7.3       Other	7.1	Paid in cash or left on deposit					0					
Totals (Sum of Lines 7.1 to 7.3)	7.2	Applied to provide paid-up annuities					0					
Section   Control of the Control o	7.3						0					
DIRECT CLAIMS AND BENEFITS PAID	7.4	Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0					
9. Death benefits.       0         10. Matured endowments.       0         11. Annuity benefits.       0         12. Surrender values and withdrawals for life contracts.       0         13. Aggregate write-ins for miscellaneous direct claims and benefits paid.       0       0       0       0       0         14. All other benefits, except accident and health.       0       0       0       0       0       0         15. Totals.       0       0       0       0       0       0       0         1301.       DETAILS OF WRITE-INS       0       0       0       0       0         1302.       Description of the properties of the prope	8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0					
10. Matured endowments		DIRECT CLAIMS AND BENEFITS PAID										
11. Annuity benefits.	9.	Death benefits					0					
12. Surrender values and withdrawals for life contracts	10.	Matured endowments					0					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.       0       0       0       0       0         14. All other benefits, except accident and health.       0       0       0       0       0       0         DETAILS OF WRITE-INS         1301.       0       0       0       0       0         1302.       0       0       0       0       0         1303.       0       0       0       0       0       0         1398. Summary of remaining write-ins for Line 13 from overflow page.       0       0       0       0       0       0       0	11.	•					0					
14. All other benefits, except accident and health       0	12.						0					
Totals	13.			0	0	0	0					
DETAILS OF WRITE-INS							0					
1301.	15.	Totals	0	0	0	0	0					
1302.			DETAILS	OF WRITE-INS								
1303	1301						0					
1398. Summary of remaining write-ins for Line 13 from overflow page	1302						0					
	1303						0					
	1398	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0					
	1399	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0			0	0					

	(	Ordinary	Credit Life (Group and Individual)			Group	Inc	dustrial		Total
	1	2	3	and individual)	5	6	7	8	0	10
		_	No. of Ind.	7		O	'	O	3	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

AGGIDEN			/ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:	MUIT				
25.1 Non-cancelable (b)		<b>7</b> L			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

# LIFE INSURANCE

			MITOL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	0.4		0.000		1000
1	Life insurance					0
2.	Annuity considerations				***************************************	0
3.	Deposit-type contract funds		XXX		XXX	0
4	Other considerations					0
5	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
-	Applied to provide paid-up additions or shorten the endowment					
	or premium-paving period.					0
6.4	Other					0
6.5	Other		0	0	0	0
	Annuities:			-		
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAIL	S OF WRITE-INS			
1301.		DETAIL	001 WKITE-1110			0
1302.						0
						0
	Summary of remaining write-ins for Line 13 from overflow page	0		0	0	0
1399	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0		0

	(	Ordinary		Credit Life		Group	Inc	dustrial		Total
	1	2	3	and Individual)	5	6	7	8	0	10
		_	No. of Ind.	7		O	'	O	3	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

AGGIDENT	AND HEAD		AITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....264

NAIC Company Code.....92908

LIFE INSURANCE

			MITOL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	0.4		0.000		1000
1	Life insurance					0
2.	Annuity considerations				***************************************	0
3.	Deposit-type contract funds		XXX		XXX	0
4	Other considerations					0
5	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
-	Applied to provide paid-up additions or shorten the endowment					
	or premium-paving period.					0
6.4	Other					0
6.5	Other		0	0	0	0
	Annuities:			-		
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAIL	S OF WRITE-INS			
1301.		DETAIL	001 WKITE-1110			0
1302.						0
						0
	Summary of remaining write-ins for Line 13 from overflow page	0		0	0	0
1399	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0		0

	(	Ordinary		Credit Life		Group	In	dustrial		Total
		_	(Group	and Individual)	-		7	0	0	10
	1	2	No. of Ind.	4	5	6	/	8	9	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims.					<u></u>				0	
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise					<u></u>				0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year				(a)0	0	0	0	0	0	

ACCIDENT			AITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)		<b>7</b> L			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

LIFE INSURANCE

			MITOL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	0.4		0.000		1000
1	Life insurance					0
2.	Annuity considerations				***************************************	0
3.	Deposit-type contract funds		XXX		XXX	0
4	Other considerations					0
5	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
-	Applied to provide paid-up additions or shorten the endowment					
	or premium-paving period.					0
6.4	Other					0
6.5	Other		0	0	0	0
	Annuities:			-		
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAIL	S OF WRITE-INS			
1301.		DETAIL	001 WKITE-1110			0
1302.						0
						0
	Summary of remaining write-ins for Line 13 from overflow page	0		0	0	0
1399	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0		0

	(	Ordinary	(	Credit Life		Group	In	dustrial		Total
			(Group	and Individual)						
	1	2	3	4	5	6	7	8	9	10
			No. of Ind. Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims.									0	
<ul> <li>18.2 By payment on compromised claims.</li> <li>18.3 Totals paid</li></ul>	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise					<u></u>				0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	(
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year									0	(
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	

ACCIDENT	/ ((14 <del>2</del>   (14)				
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

# LIFE INSURANCE

			<i>,</i>			
		1	2	3	4	5
			Credit Life			
		Ordinary	(Group and Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	iliuiviuuai)	Gloup	iliuusiilai	Total
1	Life insurance					0
2	Annuity considerations.					0
3.	Deposit-type contract funds		YYY		XXX	0
4	Other considerations					0
5	Totals (Sum of Lines 1 to 4)		Λ	0	0	Λ
J.	DIRECT DIVIDENDS TO POLICYHOLDERS	0		0		
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.1	Applied to pay renewal premiums.					0
6.3	Applied to provide paid-up additions or shorten the endowment					
0.0	or premium-paving period					0
6.4	Other					*
6.5	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)	IVU	0	0	0	0
0.0	Annuities:					
7 1	Paid in cash or left on deposit					0
72	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)		0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals		0	0	0	0
			S OF WRITE-INS			
1301.			OF WIGHT L-ING			n
1302						0
1303.						0
	Summary of remaining write-ins for Line 13 from overflow page				0	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)				0	-
1000.	10tal (Elito 1007 tilla 1000 plao 1000)(Elito 10 abovo)					

	(	Ordinary		Credit Life and Individual)		Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
			No. of Ind. Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.			<u></u>		<u></u>				0	0
18.1 By payment in tull	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected				-					0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

AGGIDEN			/ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:	MUIT				
25.1 Non-cancelable (b)		<b>7</b> L			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	marriadarj	Огоир	industrial	Total
1	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds				XXX	
4.	Other considerations					
5	Totals (Sum of Lines 1 to 4)		Λ	0	0	
J.	DIRECT DIVIDENDS TO POLICYHOLDERS	0		0		0
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.1	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					0
0.5		_				0
6.4	Other					
6.5	or premium-paying period					0
0.5	Annuities:		0	0	U	0
7.1	Paid in cash or left on deposit					0
7.1	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)					0
8.				0	0	0
Ö.	Grand Totals (Lines 6.5 + 7.4)  DIRECT CLAIMS AND BENEFITS PAID	U	U	0	0	0
0	Death benefits					0
9.						0
10.	Matured endowments					0
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts				0	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid				_	0
14.	All other benefits, except accident and health					0
15.	Totals	-		0	0	0
		DETAILS	OF WRITE-INS	T		1
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	4	0	(Group	and Individual)	-	•	7	0	0	40
	1	2	3	4	5	6	1	8	9	10
			No. of Ind.		No. of					
	NI-	A 4	Pols. & Gr.	A	No. of	A	NI-	A 4	NI-	A 4
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise					<u></u>				0	0
10.5 Amount rejecteu				•••					0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT			AITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)		<b>7</b> L			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR

NAIC Group Code.....264

NAIC Company Code.....92908

# LIFE INSURANCE

		LIFE INSURANCE								
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total				
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		,							
1.	Life insurance					0				
2.	Annuity considerations					0				
3.	Deposit-type contract funds		XXX		XXX					
4.	Other considerations									
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	l				
	DIRECT DIVIDENDS TO POLICYHOLDERS									
	Life insurance:									
6.1	Paid in cash or left on deposit									
6.2	Applied to pay renewal premiums					l				
6.3	Applied to provide paid-up additions or shorten the endowment									
	or premium-paying period									
6.4	Other									
6.5	Other		0	0	0					
	Annuities:									
7.1	Paid in cash or left on deposit					0				
7.2	Applied to provide paid-up annuities									
7.3	Other									
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0					
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0					
	DIRECT CLAIMS AND BENEFITS PAID									
9.	Death benefits									
10.	Matured endowments					(				
11.	Annuity benefits					(				
12.	Surrender values and withdrawals for life contracts					0				
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0				
14.	All other benefits, except accident and health					0				
15.	Totals	0	0	0	0	0				
			S OF WRITE-INS	<u> </u>	+					
1301.		2217112				0				
1302.										
	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0					
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	0					
	· · · · · · · · · · · · · · · · · · ·					1				

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	1	2	(Group	and Individual)	5	6	7	8	9	10
	ı	2	No. of Ind.	4	3	0	'	0	9	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

AGGIDEN			/ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:	MUIT				
25.1 Non-cancelable (b)		<b>7</b> L			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....264

NAIC Company Code.....92908

# LIFE INSURANCE

			MITOL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	0.4		0.000		1000
1	Life insurance					0
2.	Annuity considerations				***************************************	0
3.	Deposit-type contract funds		XXX		XXX	0
4	Other considerations					0
5	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
-	Applied to provide paid-up additions or shorten the endowment					
	or premium-paving period.					0
6.4	Other					0
6.5	Other		0	0	0	0
	Annuities:			-		
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAIL	S OF WRITE-INS			
1301.		DETAIL	001 WKITE-1110			0
1302.						0
						0
	Summary of remaining write-ins for Line 13 from overflow page	0		0	0	0
1399	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0		0

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	1	2	(Group	and Individual)	5	6	7	8	9	10
	ı	2	No. of Ind.	4	3	0	'	0	9	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT			AITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)		<b>7</b> L			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF FLORIDA BURING THE YEAR NAIC Company Code.....92908 NAIC Group Code.....264

# LIFE INSURANCE

		LIFE INSURANCE								
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total				
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		,							
1.	Life insurance					0				
2.	Annuity considerations					0				
3.	Deposit-type contract funds		XXX		XXX					
4.	Other considerations									
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	l				
	DIRECT DIVIDENDS TO POLICYHOLDERS									
	Life insurance:									
6.1	Paid in cash or left on deposit									
6.2	Applied to pay renewal premiums					l				
6.3	Applied to provide paid-up additions or shorten the endowment									
	or premium-paying period									
6.4	Other									
6.5	Other		0	0	0					
	Annuities:									
7.1	Paid in cash or left on deposit					0				
7.2	Applied to provide paid-up annuities									
7.3	Other									
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0					
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0					
	DIRECT CLAIMS AND BENEFITS PAID									
9.	Death benefits									
10.	Matured endowments					(				
11.	Annuity benefits					(				
12.	Surrender values and withdrawals for life contracts					0				
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0				
14.	All other benefits, except accident and health					0				
15.	Totals	0	0	0	0	0				
			S OF WRITE-INS	<u> </u>	+					
1301.		2217112				0				
1302.										
	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0					
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	0					
	· · · · · · · · · · · · · · · · · · ·					1				

	(	Ordinary		Credit Life		Group	In	dustrial		Total
		_	(Group	and Individual)	-		7	0	0	10
	1	2	No. of Ind.	4	5	6	/	8	9	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims.					<u></u>				0	
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise					<u></u>				0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year				(a)0	0	0	0	0	0	

ACCIDENT AND HEALTH INCONANCE											
	1	2	3	4	5						
			Dividends Paid Or	Direct							
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses						
	Premiums	Earned	Business	Paid	Incurred						
24. Group policies (b)											
24.1 Federal Employee Health Benefits Program premium (b)											
24.2 Credit (group and individual)											
24.3 Collectively renewable policies (b)											
Other Individual Policies:											
25.1 Non-cancelable (b)		<b>7</b> L									
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)											
25.4 Other accident only											
25.5 All other (b)											
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0						

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....264

NAIC Company Code.....92908

LIFE INSURANCE

		1	2	3	1	5
		1	Credit Life	S	4	5
			(Group and			
		Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	,	,	•		
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	Other					0
6.5	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
			S OF WRITE-INS			
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)				0	

	(	Ordinary		Credit Life and Individual)		Group	ln	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
			No. of Ind. Pols. & Gr.		No. of					
DIDECT DEATH DENESITO AND	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims.					<u></u>				0	
18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise					<u></u>				0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	

ACCIDENT AND REALTH INSURANCE											
	1	2	3	4	5						
			Dividends Paid Or	Direct							
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses						
	Premiums	Earned	Business	Paid	Incurred						
24. Group policies (b)											
24.1 Federal Employee Health Benefits Program premium (b)											
24.2 Credit (group and individual)											
24.3 Collectively renewable policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b)		<b>7</b> L									
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)											
25.4 Other accident only											
25.5 All other (b)											
25.5 All other (b)	0	0	0	0	0						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0						

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

# LIFE INSURANCE

		LIFE INSUR	MINCL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		,			
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	l
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					l
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					
6.4	Other					
6.5	Other		0	0	0	
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					(
11.	Annuity benefits					(
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
			S OF WRITE-INS	<u> </u>	+	
1301.		2217112				0
1302.						
	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	0	
	· · · · · · · · · · · · · · · · · · ·					1

	(	Ordinary		Credit Life		Group	Inc	dustrial		Total
		•	(Group	and Individual)	_	^	-	•		40
	1	2	3	4	5	6	/	8	9	10
			No. of Ind.							
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT AND HEALTH INCONANCE											
	1	2	3	4	5						
			Dividends Paid Or	Direct							
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses						
	Premiums	Earned	Business	Paid	Incurred						
24. Group policies (b)											
24.1 Federal Employee Health Benefits Program premium (b)											
24.2 Credit (group and individual)											
24.3 Collectively renewable policies (b)											
Other Individual Policies:											
25.1 Non-cancelable (b)		<b>7</b> L									
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)											
25.4 Other accident only											
25.5 All other (b)											
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0						

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN GUAM DURING THE YEAR

NAIC Group Code.....264

NAIC Company Code.....92908

# LIFE INSURANCE

			MITOL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	0.4		0.000		1000
1	Life insurance					0
2.	Annuity considerations				***************************************	0
3.	Deposit-type contract funds		XXX		XXX	0
4	Other considerations					0
5	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
-	Applied to provide paid-up additions or shorten the endowment					
	or premium-paving period.					0
6.4	Other					0
6.5	Other		0	0	0	0
	Annuities:			-		
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAIL	S OF WRITE-INS			
1301.		DETAIL	001 WKITE-1110			0
1302.						0
						0
	Summary of remaining write-ins for Line 13 from overflow page	0		0	0	0
1399	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0		0

	(	Ordinary		Credit Life		Group	In	dustrial		Total
		_	(Group	and Individual)	-		7	0	0	10
	1	2	No. of Ind.	4	5	6	/	8	9	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims.					<u></u>				0	
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise					<u></u>				0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year				(a)0	0	0	0	0	0	

ACCIDENT			TITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:	NUIT				
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	00	0	<u> </u> 0	00	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

NAIC Group Code.....264

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Company Code.....92908

# LIFE INSURANCE

			MITOL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	0.4		0.000		1000
1	Life insurance					0
2.	Annuity considerations				***************************************	0
3.	Deposit-type contract funds		XXX		XXX	0
4	Other considerations					0
5	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
-	Applied to provide paid-up additions or shorten the endowment					
	or premium-paving period.					0
6.4	Other					0
6.5	Other		0	0	0	0
	Annuities:			-		
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAIL	S OF WRITE-INS			
1301.		DETAIL	001 WKITE-1110			0
1302.						0
						0
	Summary of remaining write-ins for Line 13 from overflow page	0		0	0	0
1399	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0		0

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	1	2	(Group	and Individual)	5	6	7	8	9	10
		2	No. of Ind.	4	3	0	'	0	9	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)(b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)		<u></u>			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:	INCI	N I			
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

# LIFE INSURANCE

		LIFE INSUR	MINCL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		,			
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	l
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					l
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					
6.4	Other					
6.5	Other		0	0	0	
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					(
11.	Annuity benefits					(
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
			S OF WRITE-INS	<u> </u>	+	
1301.		2217112				0
1302.						
	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	0	
	· · · · · · · · · · · · · · · · · · ·					1

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	4	0	(Group	and Individual)	-	•	7	0	0	40
	1	2	3	4	5	6	1	8	9	10
			No. of Ind.		No. of					
	NI-	A 4	Pols. & Gr.	A	No. of	A	NI-	A 4	NI-	A 4
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise					<u></u>				0	0
10.5 Amount rejecteu				•••					0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT	/ ((14 <del>2</del>   (14)				
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF DURING THE YEAR

NAIC Group Code.....264

NAIC Company Code.....92908

# LIFE INSURANCE

			AIIOL			
		1 Ordinary	2 Credit Life (Group and	3	4	5
	DIDECT DECIMING AND ANNUITY CONGIDED ATIONS	Ordinary	Individual)	Group	Industrial	Total
١.	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds				XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		\			
6.5	Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
			S OF WRITE-INS			
1301		DETAIL	OI WILL-ING			0
1302						n
						n
	Summary of remaining write-ins for Line 13 from overflow page				0	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			Λ		
1339	10tal (Lilies 1501 tillu 1505 plus 1580)(Lilie 15 above)	U	0	U	0	U

	(	Ordinary		Credit Life		Group	Inc	dustrial		Total
		•	(Group	and Individual)	_	^	-	•		40
	1	2	3	4	5	6	/	8	9	10
			No. of Ind.							
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT			AITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)		<b>7</b> L			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR NAIC Group Code.....264

\* 9 2 9 0 8 2 0 0 8 4 3 0 1 ILLINOIS DURING THE YEAR NAIC Company Code.....92908

LIFE INSURANCE

			AIIOL			
		1 Ordinana	2 Credit Life (Group and	3	4	5
	DIDECT DECIMING AND ANNUITY CONCIDED ATIONS	Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds					0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	FF					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	Other					0
6.5	or premium-paying period		0	0	0	0
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)			0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14	All other benefits, except accident and health		-		•	0
15.	Totals	0	0	0	0	0
10.	1000					
1301.			S OF WRITE-INS			0
1301.						0
						0
	Commence of a section with in-a faulting 42 forms and a section					0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0		0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	10	0	0	0	J0 <sup>1</sup>

	(	Ordinary		Credit Life		Group	In	dustrial		Total
			(Group	and Individual)						
	1	2	3	4	5	6	7	8	9	10
			No. of Ind.							
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims.									0	
18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise									0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23 In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	

ACCIDENT			TITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
		Y L			
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NDIANA DURING THE YEAR NAIC Company Code.....92908 NAIC Group Code.....264

			AIIOL			
		1 Ordinana	2 Credit Life (Group and	3	4	5
	DIDECT DECIMING AND ANNUITY CONCIDED ATIONS	Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds					0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	FF					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	Other					0
6.5	or premium-paying period		0	0	0	0
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)			0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14	All other benefits, except accident and health		-		•	0
15.	Totals	0	0	0	0	0
10.	1000					
1301.			S OF WRITE-INS			0
1301.						0
						0
	Commence of a section with in-a faulting 42 forms and a section					0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0		0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	10	0	0	0	J0 <sup>1</sup>

	(	Ordinary		Credit Life		Group	In	dustrial		Total
			(Group	and Individual)						
	1	2	3	4	5	6	7	8	9	10
			No. of Ind.							
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims.									0	
18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise					<u></u>				0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23 In force December 31 of current year				(a) 0	0	0	0	0	0	

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT AND HEALTH INSURANCE												
	1	2	3	4	5							
			Dividends Paid Or	Direct								
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses							
	Premiums	Earned	Business	Paid	Incurred							
24. Group policies (b)												
24.1 Federal Employee Health Benefits Program premium (b)												
24.2 Credit (group and individual)												
24.3 Collectively renewable policies (b)												
24.3 Collectively renewable policies (b)												
Other Individual Policies:												
		Y L										
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated reasons only (b)												
25.4 Other accident only												
25.5 All other (b)												
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0							
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0							

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

LIFE INSURANCE

			, <b>.</b>			
		1	2	3	4	5
			Credit Life			
		0 "	(Group and	•		<b>-</b>
	DIDECT DESIGNACIAND ANNUATY CONGREDATIONS	Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	Other		\			0
6.5	or premium-paying period		0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals		0	0	0	0
		DETAIL S	S OF WRITE-INS			
1301.		DETAIL	OF WIGHT E-ING			0
1302						0
1303.						n
	Summary of remaining write-ins for Line 13 from overflow page			0	n	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	0	0
1000.	10tal (=1100 1007 tilla 1000 plao 1000)(=110 10 abovo)					

	(	Ordinary		Credit Life and Individual)		Group	ln	dustrial		Total
	1	1 2 3		4	5	6	7	8	9	10
			No. of Ind. Pols. & Gr.		No. of					
DIDECT DEATH DENESITO AND	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims.					<u></u>				0	
18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise					<u></u>				0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	

ACCIDENT AND HEALTH INCORANCE												
	1	2	3	4	5							
			Dividends Paid Or	Direct								
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses							
	Premiums	Earned	Business	Paid	Incurred							
24. Group policies (b)												
24.1 Federal Employee Health Benefits Program premium (b)												
24.2 Credit (group and individual)												
24.3 Collectively renewable policies (b)												
Other Individual Policies:												
		Y L										
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated reasons only (b)												
25.4 Other accident only												
25.5 All other (b)												
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0							
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0							

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

# LIFE INSURANCE

			ANOL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	marriadary	Огоар	madalai	Total
1						0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4						0
т. 5	Totals (Sum of Lines 1 to 4)				0	0
J.	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1						0
6.2	Applied to pay renewal premiums					0
	Applied to provide paid-up additions or shorten the endowment					
0.0	or premium-paving period					0
6.4	Other					٥
6.5	or premium-paying period	IVIJI	V	0		0
0.5	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)		0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.						0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAILS	OF WRITE-INS			
1301.						0
1302.						0
						0
	Summary of remaining write-ins for Line 13 from overflow page				0	0
1399	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0		-	0
. , ,	,					

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	1	2	(Group	and Individual)	5	6	7	8	9	10
	ı	2	No. of Ind.	4	3	0	'	0	9	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT AND HEALTH INCORANCE												
	1	2	3	4	5							
			Dividends Paid Or	Direct								
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses							
	Premiums	Earned	Business	Paid	Incurred							
24. Group policies (b)												
24.1 Federal Employee Health Benefits Program premium (b)												
24.2 Credit (group and individual)												
24.3 Collectively renewable policies (b)												
24.4 Medicare Title XVIII exempt from state taxes or fees												
Other Individual Policies:												
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated reasons only (b)												
25.4 Other accident only												
25.5 All other (b)												
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0							
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0							

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NAIC Group Code.....264

\*\*DURING\*\* THE YEAR\*\*
NAIC Company Code.....92908

# LIFE INSURANCE

			AIIOL			
		1 Ordinary	2 Credit Life (Group and	3	4	5
	DIDECT DECIMING AND ANNUITY CONGIDED ATIONS	Ordinary	Individual)	Group	Industrial	Total
١.	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds				XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		\			
6.5	Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
			S OF WRITE-INS			
1301		DETAIL	OI WILL-ING			0
1302						n
						n
	Summary of remaining write-ins for Line 13 from overflow page				0	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			Λ		
1339	10tal (Lilies 1501 tillu 1505 plus 1580)(Lilie 15 above)	U	0	U	0	U

	(	Ordinary		Credit Life		Group	Inc	dustrial		Total
		•	(Group	and Individual)	_	^	-	•		40
	1	2	3	4	5	6	/	8	9	10
			No. of Ind.							
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT AND HEALTH INCORANCE												
	1	2	3	4	5							
			Dividends Paid Or	Direct								
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses							
	Premiums	Earned	Business	Paid	Incurred							
24. Group policies (b)												
24.1 Federal Employee Health Benefits Program premium (b)												
24.2 Credit (group and individual)												
24.3 Collectively renewable policies (b)												
Other Individual Policies:												
25.1 Non-cancelable (b)		<b>7</b> L										
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated reasons only (b)												
25.4 Other accident only												
25.5 All other (b)												
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0							
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0							

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR NAIC Company Code.....92908 NAIC Group Code.....264

				1	4	r
		1	2 Credit Life (Group and	3	4	5
		Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	00
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		<b>—</b> 0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					l0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)		0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID		-			
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals			0	0	0
			S OF WRITE-INS			<u> </u>
1301		DETAILS	OF WRITE-ING			n
1301.						n
1302.						n
	Summary of remaining write-ins for Line 13 from overflow page			0	n	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	Λ	
1000.	Total (Lines 1991 tillu 1999 plus 1999)(Line 19 above)	.			0	I

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	,		(Group	and Individual)				_	_	
	1	2	3	4	5	6	/	8	9	10
			No. of Ind.							
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDEN			, 1110L		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
· ·					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		_	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		0	0	0	00

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....264

NAIC Company Code.....92908

# LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	·	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	orania. j	marriada.)	0.000		10101
					0
					0
,					0
					0
				n	٥
					0
'					٥
or premium-paving period					0
Other					٥
Totals (Sum of Lines 6.1 to 6.4)		· · · · · · · · · · · · · · · · · · ·			0
Annuities:		0			0
Paid in cash or left on deposit					0
Applied to provide paid-up annuities					0
Other					0
Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
			0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
Death benefits					0
Matured endowments					0
Annuity benefits					0
					0
Aggregate write-ins for miscellaneous direct claims and benefits paid	0 .	0	0	0	0
All other benefits, except accident and health					0
Totals	0	0	0	0	0
-	DETAILS	OF WRITE-INS			
					0
					0
					0
					0
					٥
	Deposit-type contract funds Other considerations Totals (Sum of Lines 1 to 4)  DIRECT DIVIDENDS TO POLICYHOLDERS  Life insurance: Paid in cash or left on deposit Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period Other  Totals (Sum of Lines 6.1 to 6.4)  Annuities: Paid in cash or left on deposit Applied to provide paid-up annuities Other  Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 + 7.4)  DIRECT CLAIMS AND BENEFITS PAID  Death benefits Matured endowments Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals  Summary of remaining write-ins for Line 13 from overflow page	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS  Life insurance.  Annuity considerations.  Deposit-type contract funds.  Other considerations.  Totals (Sum of Lines 1 to 4).  DIRECT DIVIDENDS TO POLICYHOLDERS  Life insurance:  Paid in cash or left on deposit.  Applied to pay renewal premiums.  Applied to provide paid-up additions or shorten the endowment or premium-paying period.  Other.  Totals (Sum of Lines 6.1 to 6.4).  Annuities:  Paid in cash or left on deposit.  Applied to provide paid-up annuities.  Other.  Totals (Sum of Lines 7.1 to 7.3).  Grand Totals (Lines 6.5 + 7.4).  DIRECT CLAIMS AND BENEFITS PAID  Death benefits.  Matured endowments.  Annuity benefits.  Surrender values and withdrawals for life contracts.  Aggregate write-ins for miscellaneous direct claims and benefits paid.  All other benefits, except accident and health.  Totals.  O  DETAILS  Summary of remaining write-ins for Line 13 from overflow page  O  O	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS  Life insurance	1	1

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	,		(Group	and Individual)				_	_	
	1	2	3	4	5	6	/	8	9	10
			No. of Ind.							
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT			AITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)		<b>7</b> L			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR NAIC Company Code.....92908 NAIC Group Code.....264

# LIFE INSURANCE

				1	4	r
		1	2 Credit Life (Group and	3	4	5
		Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	00
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		<b>—</b> 0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					l0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)		0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID		-			
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals			0	0	0
			S OF WRITE-INS			<u> </u>
1301		DETAILS	OF WRITE-ING			n
1301.						n
1302.						n
	Summary of remaining write-ins for Line 13 from overflow page			0	n	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	Λ	
1000.	Total (Lines 1991 tillu 1999 plus 1999)(Line 19 above)	.			0	I

	(	Ordinary	(	Credit Life		Group	In	dustrial		Total
		•	(Group	(Group and Individual)		•				
	1	2	3	4	5	6	7	8	9	10
			No. of Ind.							
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
10.1 Dy novement in full									0	
18.2 By payment on compromised claims.					<u></u>				0	
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise					<u></u>				0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	

AGGIDENT			AIIOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

# LIFE INSURANCE

	LIFE INJURANCE										
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		,								
1.	Life insurance					0					
2.	Annuity considerations					0					
3.	Deposit-type contract funds		XXX		XXX						
4.	Other considerations										
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	l					
	DIRECT DIVIDENDS TO POLICYHOLDERS										
	Life insurance:										
6.1	Paid in cash or left on deposit										
6.2	Applied to pay renewal premiums					l					
6.3	Applied to provide paid-up additions or shorten the endowment										
	or premium-paying period										
6.4	Other										
6.5	Other		0	0	0						
	Annuities:										
7.1	Paid in cash or left on deposit					0					
7.2	Applied to provide paid-up annuities										
7.3	Other										
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0						
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0						
	DIRECT CLAIMS AND BENEFITS PAID										
9.	Death benefits										
10.	Matured endowments					(					
11.	Annuity benefits					(					
12.	Surrender values and withdrawals for life contracts					0					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0					
14.	All other benefits, except accident and health					0					
15.	Totals	0	0	0	0	0					
			S OF WRITE-INS	<u> </u>	+						
1301.		2217112				0					
1302.											
	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0						
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	0						
	· · · · · · · · · · · · · · · · · · ·					1					

	(	Ordinary		Credit Life		Group	Inc	dustrial		Total
	1	2	3	and Individual)	5	6	7	8	0	10
		_	No. of Ind.	7		O	'	O	3	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT AND HEAETH INCONANCE												
	1	2	3	4	5							
			Dividends Paid Or	Direct								
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses							
	Premiums	Earned	Business	Paid	Incurred							
24. Group policies (b)												
24.1 Federal Employee Health Benefits Program premium (b)												
24.2 Credit (group and individual)												
24.3 Collectively renewable policies (b)												
24.4 Medicare Title XVIII exempt from state taxes or fees												
Other Individual Policies:	MUIT											
25.1 Non-cancelable (b)		<b>7</b> L										
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated reasons only (b)												
25.4 Other accident only												
25.5 All other (b)												
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0							
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0							

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NAIC Group Code.....264

\* 9 2 9 0 8 2 0 0 8 4 3 0 2 4 MINNESOTA DURING THE YEAR NAIC Company Code.....92908

# LIFE INSURANCE

				_		
		1	2 Credit Life (Group and	3	4	5
		Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	Other		\.			0
6.5	or premium-paying period		0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
			OF WRITE-INS			
1301		DETAIL	J. Hullenio			0
1302						0
1303.						0
	Summary of remaining write-ins for Line 13 from overflow page		0	0	0	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)				0	· ·
1000.	Total (Ellios 1001 tilla 1000 plas 1000)(Ellio 10 abovo)	.			0	0

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	- 1	0	(Group	and Individual)	5	6	7	8	9	10
	'	2	No. of Ind.	4	5	0	1	0	9	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.			<u></u>						0	0
18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.3 Totals paid									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.......0 current year \$.......0. Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.......0. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$......0.

AGGIDENT	AND HEAD		AITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....264 NAIC Company Code.....92908

LIFE INSURANCE

		LIFE INSURANCE								
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total				
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		,	•						
1.	Life insurance					0				
2.	Annuity considerations					0				
3.	Deposit-type contract funds		XXX		XXX	0				
4.	Other considerations					0				
5.	Totals (Sum of Lines 1 to 4)		0	0	0	0				
	DIRECT DIVIDENDS TO POLICYHOLDERS									
	Life insurance:									
6.1	Paid in cash or left on deposit					0				
6.2						0				
6.3	Applied to provide paid-up additions or shorten the endowment									
	or premium-paying period					0				
6.4	Other					0				
6.5	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0				
	Annuities:				-					
7.1	Paid in cash or left on deposit					0				
7.2	Applied to provide paid-up annuities					0				
7.3	Other					0				
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0				
8.	Grand Totals (Lines 6.5 + 7.4)		0	0	0	0				
	DIRECT CLAIMS AND BENEFITS PAID									
9.	Death benefits					0				
10.	Matured endowments					0				
11.	Annuity benefits					0				
12.	Surrender values and withdrawals for life contracts					0				
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0				
14.	All other benefits, except accident and health					0				
15.	Totals	0	0	0	0	0				
		DETAILS	OF WRITE-INS							
1301.		2220				0				
1302.						0				
1303.						0				
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0				
1399	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0		0	0	0				
	, ,									

_	(	Ordinary	(	Credit Life		Group	In	dustrial		Total
		•	(Group	and Individual)		•				
	1	2	3	4	5	6	7	8	9	10
			No. of Ind.							
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims. 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected			<u></u>						0	
18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise									0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	

ACCIDEN			, 1110L		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
· ·					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		_	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		0	0	0	00

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NORTHERN MARIANA ISLANDS DURING THE YEAR NAIC Group Code.....264

NAIC Company Code.....92908

		LIFE INSURANCE								
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total				
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		,	,						
1. Life	e insurance					0				
2. An	nuity considerations					0				
3. De	posit-type contract funds		XXX		XXX	0				
4. Oth	her considerations					0				
5. Tot	tals (Sum of Lines 1 to 4)	0	0	0	0	0				
	DIRECT DIVIDENDS TO POLICYHOLDERS									
Life	e insurance:									
6.1 Pai	id in cash or left on deposit					0				
	plied to pay renewal premiums					0				
	plied to provide paid-up additions or shorten the endowment					0				
6.4 Oth	her					0				
	premium-paying period		0	0	0	0				
7.1 Pai	id in cash or left on deposit					0				
	plied to provide paid-up annuities					0				
	her					0				
7.4 Tot	tals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0				
8. Gra	and Totals (Lines 6.5 + 7.4)	0	0	0	0	0				
	DIRECT CLAIMS AND BENEFITS PAID									
9. De	ath benefits					0				
10. Ma	atured endowments					0				
11. An	nuity benefits					0				
	rrender values and withdrawals for life contracts					0				
13. Ag	gregate write-ins for miscellaneous direct claims and benefits paid	0	0 .	0	0	0				
	other benefits, except accident and health					0				
15. Tot	tals	0	0 .	0	0	0				
		DETAILS	OF WRITE-INS		•					
1301						0				
1302						0				
1303						0				
1398. Su	mmary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0				
	tal (Lines 1301 thru 1303 plus 1398)(Line 13 above)				0	0				

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	1	2	(Group	and Individual)	5	6	7	8	9	10
		2	No. of Ind.	4	3	0	'	0	9	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDEN			, 1110L		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
· ·					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		_	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		0	0	0	00

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

# LIFE INSURANCE

			, <b>.</b>			
		1	2	3	4	5
			Credit Life			
		0 "	(Group and	•		<b>-</b>
	DIDECT DESIGNACIAND ANNUATY CONGREDATIONS	Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	Other		\			0
6.5	or premium-paying period		00	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals		0	0	0	0
		DETAIL S	S OF WRITE-INS			
1301.		DETAIL	OF WIGHT E-ING			0
1302						0
1303.						n
	Summary of remaining write-ins for Line 13 from overflow page			0	n	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	0	0
1000.	10tal (=1100 1007 tilla 1000 plao 1000)(=110 10 abovo)					

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	1	2	(Group	and Individual)	5	6	7	8	9	10
		2	No. of Ind.	4	3	0	'	0	9	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDEN			, 1110L		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
· ·					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		_	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		0	0	0	00

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

# LIFE INSURANCE

			MITOL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	0.4		0.000		1000
1	Life insurance					0
2.	Annuity considerations				***************************************	0
3.	Deposit-type contract funds		XXX		XXX	0
4	Other considerations					0
5	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
-	Applied to provide paid-up additions or shorten the endowment					
	or premium-paving period.					0
6.4	Other					0
6.5	Other		0	0	0	0
	Annuities:			-		
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAIL	S OF WRITE-INS			
1301.		DETAIL	001 WKITE-1110			0
1302.						0
						0
	Summary of remaining write-ins for Line 13 from overflow page	0		0	0	0
1399	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0		0

	(	Ordinary	(	Credit Life		Group	In	dustrial		Total
		•	(Group	and Individual)		•				
	1	2	3	4	5	6	7	8	9	10
			No. of Ind.							
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
10.1 Dy novement in full									0	
18.2 By payment on compromised claims.					<u></u>				0	
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise					<u></u>				0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	

AGGIDEN			/ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:	NUIT				
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....264

NAIC Company Code.....92908

			MITOL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	0.4		0.000		1000
1	Life insurance					0
2.	Annuity considerations				***************************************	0
3.	Deposit-type contract funds		XXX		XXX	0
4	Other considerations					0
5	Totals (Sum of Lines 1 to 4)					
J.	DIRECT DIVIDENDS TO POLICYHOLDERS	0				
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
-	Applied to provide paid-up additions or shorten the endowment					
0.0	or premium-paving period					0
6.4	Other					0
6.5	Other	IVU	0	0	Λ	
0.5	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAIL	S OF WRITE-INS			
1301.						0
1302.						0
						0
	Summary of remaining write-ins for Line 13 from overflow page	0		0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0		0
	,					

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	,		(Group	and Individual)				_	_	10
	1	2	3	4	5	6	/	8	9	10
			No. of Ind.							
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.......0 current year \$.......0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0 current year \$.......0.

ACCIDEN			/ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)		<b>7</b> L			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
· ·					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		_	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		0	0	0	J0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

		اا				<b>[</b> ]
	DIRECT BUSINESS IN THE S	STATE OF NO	RTH DĂKOTA	DURING THE	ĔYĔĂŔ	•
	NAIC Group Code26		NAIC Company (			
		LIFE INSUR				
			2	3	4	5
		'	Credit Life		7	J
			(Group and			
		Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations		XXX			0
3.	Deposit-type contract funds		XXX		XXX	0
4. 5.	Other considerations					0
Э.	Totals (Sum of Lines 1 to 4)  DIRECT DIVIDENDS TO POLICYHOLDERS	0	0	U	0	0
	Life insurance:					
6.1	Paid in cash or left on deposit					0
-	Applied to pay renewal premiums					Λ
	Applied to provide paid-up additions or shorten the endowment					0
0.0	or premium-paving period					0
6.4	Other		<b>71 —</b>			0
6.5	or premium-paying period	INCI	0	0	0	0
0.0	Annuities:					
7.1	Paid in cash or left on deposit					0
	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAIL	S OF WRITE-INS			
1301.						0
1302.						0
						0
	Summary of remaining write-ins for Line 13 from overflow page		0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	(	Ordinary		Credit Life		Group	Inc	dustrial		Total
		•	(Group	and Individual)	_	^	-	•	•	40
	1	2	3	4	5	6	/	8	9	10
			No. of Ind.							
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

AGGIDEN			/ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:	NUIT				
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR NAIC Group Code.....264

# LIFE INSURANCE

			V 1110L			
		1	2 Credit Life	3	4	5
		Ordinary	(Group and Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Gramary	marriadary	Croup	madotrar	10101
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	Other					0
6.5	or premium-paying period		00	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0		0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAIL	S OF WRITE-INS			
1301.						0
1302.						0
1303.						0
	Summary of remaining write-ins for Line 13 from overflow page			0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	(	Ordinary		Credit Life		Group	Inc	dustrial		Total
	1	2	(Group	and Individual)	5	6	7	8	0	10
		_	No. of Ind.	7		O	'	O	3	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

AGGIDEN			/ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:	NUIT				
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR NAIC Group Code.....264

NAIC Company Code.....92908

### LIFE INSURANCE

		1	2 Credit Life (Group and	3	4	5
		Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					00
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	Other		<b></b>			0
6.5	or premium-paying period		0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAILS	S OF WRITE-INS			
1301		DETAIL				0
1302						0
1303						0
	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			•	0	0
1000						

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	4	0	(Group	and Individual)	-	•	7	0	0	40
	1	2	3	4	5	6	1	8	9	10
			No. of Ind.		No. of					
	NI-	A 4	Pols. & Gr.	A	No. of	A	NI-	A 4	NI-	A 4
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise					<u></u>				0	0
10.5 Amount rejecteu				••••					0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT			TITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
		Y L			
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

LIFE INSURANCE

				1	4	r
		1	2 Credit Life (Group and	3	4	5
		Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	00
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		<b>—</b> 0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					l0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)		0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID		-			
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals			0	0	0
			S OF WRITE-INS			<u> </u>
1301		DETAILS	OF WRITE-ING			n
1301.						n
1302.						n
	Summary of remaining write-ins for Line 13 from overflow page			0	n	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	Λ	
1000.	Total (Lines 1991 tillu 1999 plus 1999)(Line 19 above)	.			0	1

_	(	Ordinary	(	Credit Life		Group	In	dustrial		Total
		•	(Group	and Individual)		•				
	1	2	3	4	5	6	7	8	9	10
			No. of Ind.							
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims. 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected			<u></u>						0	
18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise									0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	

ACCIDENT	/ ((14 <del>2</del>   (14)				
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR NAIC Group Code.....264

NAIC Company Code.....92908

#### LIFE INSURANCE

		1	2 Credit Life (Group and	3	4	5
		Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					00
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	Other		<b></b>			0
6.5	or premium-paying period		0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAILS	S OF WRITE-INS			
1301		DETAIL				0
1302						0
1303						0
	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			•	0	0
1000						

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	1	2	(Group	and Individual)	5	6	7	8	9	10
		2	No. of Ind.	4	3	0	'	0	9	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

AGGIDEN			/ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:	MUIT				
25.1 Non-cancelable (b)		<b>7</b> L			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

### LIFE INSURANCE

				1	4	r
		1	2 Credit Life (Group and	3	4	5
		Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	00
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		<b>—</b> 0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					l0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)		0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID		-			
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals			0	0	0
			S OF WRITE-INS			<u> </u>
1301		DETAILS	OF WRITE-ING			n
1301.						n
1302.						n
	Summary of remaining write-ins for Line 13 from overflow page			0	n	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	Λ	
1000.	Total (Lines 1991 tillu 1999 plus 1999)(Line 19 above)				0	1

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	,		(Group	and Individual)				_	_	
	1	2	3	4	5	6	/	8	9	10
			No. of Ind.							
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.......0 current year \$.......0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0 current year \$.......0.

ACCIDENT			"""		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	00

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR NAIC Group Code.....264

\* 9 2 9 0 8 2 0 0 8 4 3 0 3 3 NEW YORK DURING THE YEAR NAIC Company Code.....92908

#### LIFE INSURANCE

			MICL			
		1 Ordinary	2 Credit Life (Group and	3	4	5
	DIDECT DECIMING AND ANNUITY CONGIDED ATIONS	Ordinary	Individual)	Group	Industrial	Total
١.	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds				XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		\			
6.5	Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
			S OF WRITE-INS			
1301		DETAIL	OI WILL-ING			0
1302						n
						n
	Summary of remaining write-ins for Line 13 from overflow page				0	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			Λ		
1339	10tal (Lilies 1501 tillu 1505 plus 1580)(Lilie 15 above)	U	0	U	0	U

	(	Ordinary		Credit Life		Group	In	dustrial		Total
		_	(Group	and Individual)	-		7	0	0	10
	1	2	No. of Ind.	4	5	6	/	8	9	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims.					<u></u>				0	
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise					<u></u>				0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year				(a)0	0	0	0	0	0	

ACCIDENT			AITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)		<b>7</b> L			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR NAIC Company Code.....92908 NAIC Group Code.....264

### LIFE INSURANCE

		LIFE INSUR	MINCL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		,			
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	l
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					l
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					
6.4	Other					
6.5	Other		0	0	0	
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					(
11.	Annuity benefits					(
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
			S OF WRITE-INS	<u> </u>	+	
1301.		2217112				0
1302.						
	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	0	
	· · · · · · · · · · · · · · · · · · ·					1

	(	Ordinary		Credit Life		Group	Inc	dustrial		Total
		•	(Group	and Individual)	_	^	-	•		40
	1	2	3	4	5	6	/	8	9	10
			No. of Ind.							
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT			"""		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	00

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....264

#### NAIC Company Code.....92908 LIFE INSURANCE

			MICL			
		1 Ordinary	2 Credit Life (Group and	3	4	5
	DIDECT DECIMING AND ANNUITY CONGIDED ATIONS	Ordinary	Individual)	Group	Industrial	Total
١.	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds				XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		\			
6.5	Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
			S OF WRITE-INS			
1301		DETAIL	OI WILL-ING			0
1302						n
						n
	Summary of remaining write-ins for Line 13 from overflow page				0	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			Λ		
1339	10tal (Lilies 1501 tillu 1505 plus 1580)(Lilie 15 above)	U	0	U	0	U

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	<u> </u>	0	(Group	and Individual)	_	•	-	0	^	40
	1	2	No. of Ind.	4	5	6	/	8	9	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims.									0	
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise									0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
<ol><li>Unpaid Dec. 31, current year</li></ol>										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	(
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	

ACCIDENT			TITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
		Y L			
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

#### LIFE INSURANCE

		LIFE INSUR	MINCL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		,			
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	l
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					l
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					
6.4	Other					
6.5	Other		0	0	0	
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					(
11.	Annuity benefits					(
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
			S OF WRITE-INS	<u> </u>	+	
1301.		2217112				0
1302.						
	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	0	
	· · · · · · · · · · · · · · · · · · ·					1

	(	Ordinary		Credit Life		Group	Inc	dustrial		Total
	1	2	3	and Individual)	5	6	7	8	0	10
		_	No. of Ind.	7		O	'	O	3	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT			"""		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	00

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....264

NAIC Company Code.....92908

### LIFE INSURANCE

			, <b>.</b>			
		1	2	3	4	5
			Credit Life			
		0 "	(Group and	•		<b>-</b>
	DIDECT DESIGNACIAND ANNUATY CONGREDATIONS	Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	Other		\			0
6.5	or premium-paying period		00	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals		0	0	0	0
		DETAIL S	S OF WRITE-INS			
1301.		DETAIL	OF WIGHT E-ING			0
1302						0
1303.						n
	Summary of remaining write-ins for Line 13 from overflow page			0	n	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	0	n
1000.	10tal (=1100 1007 tilla 1000 plao 1000)(=110 10 abovo)					

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	4	0	(Group	and Individual)	-	•	7	0	0	40
	1	2	3	4	5	6	1	8	9	10
			No. of Ind.		No. of					
	NI-	A 4	Pols. & Gr.	A	No. of	A	NI-	A 4	NI-	A 4
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise					<u></u>				0	0
10.5 Amount rejecteu				•••					0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

AGGIDENT			AITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:	NUIT				
25.1 Non-cancelable (b)		<b>7</b> L			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

	DIRECT BUSINESS IN THE	اا STATE OF PE	IIII IIII IIII IIII IIII IIII Ennsylvänia		<b>                                     </b>	*
	NAIC Group Code26	34 LIFE INSUR	NAIC Company (	Code92908		
	<u>'</u>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Oraniary	marriadary	Стоир	maaanar	Total
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
0.4	Life insurance:					0
6.1	Paid in cash or left on deposit					0
	Applied to pay renewal premiums					0
0.3	Applied to provide paid-up additions of shorten the endowment					٥
6.4	Other					
6.5	or premium-paying period	TVCT		Λ	0	Λ
0.5	Annuities:			0	0	
7.1	Paid in cash or left on deposit					0
	Applied to provide paid-up annuities					0
7.3	Other.					0
7.4	Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAIL	S OF WRITE-INS			
1301.						0
1302.						0
1303.						0
			0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	4	0	(Group	and Individual)	-	•	7	0	0	40
	1	2	3	4	5	6	1	8	9	10
			No. of Ind.		No. of					
	NI-	A 4	Pols. & Gr.	A	No. of	A	NI-	A 4	NI-	A 4
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise					<u></u>				0	0
10.5 Amount rejecteu				•••					0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDEN			, 1110L		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
· ·					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		_	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		0	0	0	00

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR NAIC Company Code.....92908 NAIC Group Code.....264

			, <b>.</b>			
		1	2	3	4	5
			Credit Life			
		0 "	(Group and	•		<b>-</b>
	DIDECT DESIGNACIAND ANNUATY CONGREDATIONS	Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	Other		\			0
6.5	or premium-paying period		0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals		0	0	0	0
		DETAIL S	S OF WRITE-INS			
1301.		DETAIL	OF WIGHT E-ING			0
1302						0
1303.						n
	Summary of remaining write-ins for Line 13 from overflow page			0	n	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	0	n
1000.	10tal (=1100 1007 tilla 1000 plao 1000)(=110 10 abovo)					

	(	Ordinary		Credit Life and Individual)		Group	ln	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
			No. of Ind. Pols. & Gr.		No. of					
DIDECT DEATH DENESITO AND	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims.					<u></u>				0	
18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise					<u></u>				0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	

ACCIDEN			, 1110L		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
· ·					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		_	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		0	0	0	00

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

#### LIFE INSURANCE

	LIFE INSURANCE								
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total			
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS			2700					
1	Life insurance					0			
2.	Annuity considerations					0			
3.	Deposit-type contract funds				XXX				
4	Other considerations					0			
5	Totals (Sum of Lines 1 to 4)								
<u> </u>	DIRECT DIVIDENDS TO POLICYHOLDERS								
	Life insurance:								
61	Paid in cash or left on deposit					0			
6.2	Applied to pay renewal premiums					0			
6.3	Applied to provide paid-up additions or shorten the endowment								
0.0	or premium-paving period					0			
6.4	Other					•			
6.5	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		0	0	0				
	Annuities:			-		•			
7.1	Paid in cash or left on deposit					0			
7.2	Applied to provide paid-up annuities					0			
7.3	Other					0			
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0			
8.	Grand Totals (Lines 6.5 + 7.4)		0	0	0	0			
	DIRECT CLAIMS AND BENEFITS PAID								
9.	Death benefits					0			
10.	Matured endowments					0			
11.	Annuity benefits					0			
12.	Surrender values and withdrawals for life contracts					0			
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0			
14.	All other benefits, except accident and health					0			
15.	Totals	0	0	0	0	0			
			S OF WRITE-INS			ı			
1301		DETAIL	JOI WILLIE			0			
1302						0			
1303						0			
	Summary of remaining write-ins for Line 13 from overflow page			0	0	0			
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)				0	0			
	,	1		1					

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	4	0	(Group	and Individual)	-	•	7	0	0	40
	1	2	3	4	5	6	1	8	9	10
			No. of Ind.		No. of					
	NI-	A 4	Pols. & Gr.	A	No. of	A	NI-	A 4	NI-	A 4
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise					<u></u>				0	0
10.5 Amount rejecteu				•••					0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDEN			, 1110L		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
· ·					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		_	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		0	0	0	00

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR NAIC Group Code.....264

NAIC Company Code.....92908
LIFE INSURANCE

		LIFE INSUR	MICL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	,	,			
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds					
4.	Other considerations.					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS		-			
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	Other					0
6.5	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAIL	S OF WRITE-INS	<del>!</del>	<del>!</del>	<u> </u>
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0		0
	,					

	(	Ordinary		Credit Life and Individual)		Group	ln	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
			No. of Ind. Pols. & Gr.		No. of					
DIDECT DEATH DENESITO AND	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims.					<u></u>				0	
18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise					<u></u>				0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	

ACCIDENT			TITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
		Y L			
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....264

NAIC Company Code.....92908

LIFE INSURANCE

		LIFE INSUR	ANCL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		,	•		
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)		0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2						0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	Other					0
6.5	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0
	Annuities:				-	
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)		0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAILS	OF WRITE-INS			
1301.		2220				0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0		0	0	0
	, //////////////					

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	1	2	(Group	and Individual)	5	6	7	8	9	10
		2	No. of Ind.	4	3	0	'	0	9	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT			AITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)		<b>7</b> L			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

NAIC Group Code.....264

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Company Code.....92908

#### LIFE INSURANCE

	<u>L</u>	ILE INOUK	ANCL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		,			
1	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds					0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)			0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1						0
6.2	•					0
	Applied to provide paid-up additions or shorten the endowment					
0.0	or premium-paving period					0
6.4	Other					0
6.5	or premium-paying period		0	0	0	0
0.0	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities.					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)				_	0
8	Grand Totals (Lines 6.5 + 7.4)		0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.						0
10.						0
11.	Annuity benefits					0
12.						0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid			0	0	0
14.	All other benefits, except accident and health					0
15		0		0	0	0
			OF WRITE-INS			
1301						^
1301. 1302						0
						0
1303. 1309	Summary of remaining write-ins for Line 13 from overflow page				0	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)					0
1333.	Total (Lines 1301 tillu 1303 plus 1390)(Line 13 above)			U		0

	(	Ordinary		Credit Life and Individual)		Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
			No. of Ind. Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.			<u></u>		<u></u>				0	0
18.1 By payment in tull	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected				•••					0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT			AITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)		<b>7</b> L			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Company Code.....92908

NAIC Group Code.....264

#### LIFE INSURANCE

			MINCL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS			2700		
1	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds				XXX	
4	Other considerations					0
5	Totals (Sum of Lines 1 to 4)					
<u> </u>	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
61	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
0.0	or premium-paving period					0
6.4	Other					•
6.5	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		0	0	0	
	Annuities:			-		•
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)		0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
			S OF WRITE-INS			ı
1301		DETAIL	JOI WILLIE			0
1302						0
1303						0
	Summary of remaining write-ins for Line 13 from overflow page			0	0	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)				0	0
	,	1		1		

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	4	0	(Group	and Individual)	-	•	7	0	0	40
	1	2	3	4	5	6	1	8	9	10
			No. of Ind.		No. of					
	NI-	A 4	Pols. & Gr.	A	No. of	A	NI-	A 4	NI-	A 4
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise					<u></u>				0	0
10.5 Amount rejecteu				•••					0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

AGGIDENT			AIIOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR NAIC Company Code.....92908 NAIC Group Code.....264

LIFE INSURANCE

			<b>.</b>			
		1	2 Credit Life	3	4	5
			(Group and			
		Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	0.0	a.rrada.y	0.045		
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	Other					0
6.5	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAILS	S OF WRITE-INS			
1301.						0
1302.						0
						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	(	Ordinary		Credit Life		Group	In	dustrial		Total
			(Group	and Individual)						
	1	2	No. of Ind. Pols. & Gr.	4	No. of	6	7	8	9	10
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims. 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected					<u></u>				0	
18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise					<u></u>				0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	

ACCIDENT			TITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
		Y L			
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

### LIFE INSURANCE

				1	4	r
		1	2 Credit Life (Group and	3	4	5
		Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	00
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		<b>—</b> 0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					l0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)		0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID		-			
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals			0	0	0
			S OF WRITE-INS			<u> </u>
1301		DETAILS	OF WRITE-ING			n
1301.						n
1302.						n
	Summary of remaining write-ins for Line 13 from overflow page			0	n	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	Λ	
1000.	Total (Lines 1991 tillu 1999 plus 1999)(Line 19 above)				0	1

	(	Ordinary		Credit Life		Group	In	dustrial		Total
		_	(Group	and Individual)	-		7	0	0	10
	1	2	No. of Ind.	4	5	6	/	8	9	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	
17. Incurred during current year									0	
Settled during current year:										
18.1 By payment in full									0	
18.2 By payment on compromised claims.					<u></u>				0	
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	
18.4 Reduction by compromise					<u></u>				0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	
21. Issued during year									0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year				(a)0	0	0	0	0	0	

ACCIDEN			, 1110L		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
· ·					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		_	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		0	0	0	00

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN U.S. VIRGIN ISLANDS DURING THE YEAR

NAIC Group Code.....264

# NAIC Company Code.....92908

				1	4	r
		1	2 Credit Life (Group and	3	4	5
		Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	00
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4)		<b>—</b> 0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					l0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)		0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID		-			
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals			0	0	0
			S OF WRITE-INS			<u> </u>
1301		DETAILS	OF WRITE-ING			n
1301.						n
1302.						n
	Summary of remaining write-ins for Line 13 from overflow page			0	n	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)			0	Λ	
1000.	Total (Lines 1991 tillu 1999 plus 1999)(Line 19 above)				0	I

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	1	2	(Group	and Individual)	5	6	7	8	9	10
		2	No. of Ind.	4	3	0	'	0	9	10
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT			AITOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)		<b>7</b> L			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

#### LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	marriadarj	Огоир	industrial	Total
1	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds				XXX	
4.	Other considerations					
5	Totals (Sum of Lines 1 to 4)		Λ	0	0	
J.	DIRECT DIVIDENDS TO POLICYHOLDERS	0		0		0
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.1	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					0
0.5		_				0
6.4	Other					
6.5	or premium-paying period					0
0.5	Annuities:		0	0	U	0
7.1	Paid in cash or left on deposit					0
7.1	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)					0
8.				0	0	0
Ö.	Grand Totals (Lines 6.5 + 7.4)  DIRECT CLAIMS AND BENEFITS PAID	U	U	0	0	0
0	Death benefits					0
9.						0
10.	Matured endowments					0
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts				0	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid				_	0
14.	All other benefits, except accident and health					0
15.	Totals	-		0	0	0
		DETAILS	OF WRITE-INS	T		1
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	4	0	(Group	and Individual)	-	•	7	0	0	40
	1	2	3	4	5	6	1	8	9	10
			No. of Ind.		No. of					
	NI-	A 4	Pols. & Gr.	A	No. of	A	NI-	A 4	NI-	A 4
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise					<u></u>				0	0
10.5 Amount rejecteu				•••					0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

AGGIDENT			AIIOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

### LIFE INSURANCE

			MITOL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	0.4		0.000		1000
1	Life insurance					0
2.	Annuity considerations				***************************************	0
3.	Deposit-type contract funds		XXX		XXX	0
4	Other considerations					0
5	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
-	Applied to provide paid-up additions or shorten the endowment					
	or premium-paving period.					0
6.4	Other					0
6.5	Other		0	0	0	0
	Annuities:			-		
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAIL	S OF WRITE-INS			
1301.		DETAIL				0
1302.						0
						0
	Summary of remaining write-ins for Line 13 from overflow page	0		0	0	0
1399	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0		0

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	,		(Group	and Individual)				_	_	
	1	2	3	4	5	6	/	8	9	10
			No. of Ind.							
			Pols. & Gr.		No. of					
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.......0 current year \$.......0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0 current year \$.......0.

AGGIDEN			/ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:	MUIT				
25.1 Non-cancelable (b)		<b>7</b> L			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR NAIC Group Code.....264 NAIC Company Code.....92908

### LIFE INSURANCE

				_		
		1	2 Credit Life (Group and	3	4	5
		Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	Other		\.			0
6.5	or premium-paying period		0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
			OF WRITE-INS			
1301		DETAIL	J. Hullenio			0
1302						0
1303.						0
	Summary of remaining write-ins for Line 13 from overflow page		0	0	0	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)				0	· ·
1000.	Total (Ellios 1001 tilla 1000 plas 1000)(Ellio 10 abovo)	.			0	0

	(	Ordinary		Credit Life		Group	In	dustrial		Total
	4	0	(Group	and Individual)	-	•	7	0	0	40
	1	2	3	4	5	6	1	8	9	10
			No. of Ind.		No. of					
	NI-	A 4	Pols. & Gr.	A	No. of	A	NI-	A 4	NI-	A 4
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.									0	0
18.2 By payment on compromised claims. 18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise					<u></u>				0	0
10.5 Amount rejecteu				•••					0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

AGGIDENT			AIIOL		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

		l III				
	DIRECT BUSINESS IN THE	STATE OF WE	9 2 9 0 8 2 ST VIRGINIA	DURING THE	4 9 1 0 0 * YEAR	
	NAIC Group Code2		NAIC Company Co			
	14 to cloup codo2	LIFE INSUR	ANCE	40		
		1	2 Credit Life (Group and	3	4	5
		Ordinary	Individual)	Group	Industrial	Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0   .	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	Paid in cash or left on deposit					0
	Applied to pay renewal premiums					0
	Applied to provide paid-up additions or shorten the endowment					_
	or premium-paying period  Other  Totals (Sum of Lines 6.1 to 6.4)					0
6.4	Other		\			0
6.5			0	0	0	0
	Annuities:					
	Paid in cash or left on deposit					0
	Applied to provide paid-up annuities					0
-	Other					0
	Totals (Sum of Lines 7.1 to 7.3)		0	0	0   .	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0   .	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
	Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0   .	0
	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAILS	OF WRITE-INS			
1301.						0
1302.						0
						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)		0	0	0	0

	(	Ordinary	Credit Life (Group and Individual)		Group		ln	dustrial		Total
	1	2	3 No. of Ind. Pols. & Gr.	4	5 No. of	6	7	8	9	10
	No.	Amount	Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims.					<u></u>				0	0
18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise					<u></u>				0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.......0 current year \$.......0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0 current year \$.......0.

ACCIDENT			"""		
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	00

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

\* 9 2 9 0 8 2 0 0 8 4 3 0 5 1 1

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....264 NAIC Company Code.....92908

LIFE INSURANCE

			, <b>.</b>			_
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	individual)	Group	musmai	Total
1						0
2.	Life insurance Annuity considerations					0
	Deposit-type contract funds		XXX		XXX	0
3.	Other considerations.					0
4.						0
5.	Totals (Sum of Lines 1 to 4)	U	U	U	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
0.4	Life insurance:					•
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment					
	or premium-paying period					0
6.4	or premium-paying period	$\mathbf{N} = \mathbf{N} \cdot \mathbf{N}$				0
6.5			0	0  .	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	the second of th					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
		DETAILS	OF WRITE-INS			
1301.						0
1302.						0
1303.						0
	Summary of remaining write-ins for Line 13 from overflow page		0	0	0	0
	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)		0	0	0	0

	(	Ordinary		Credit Life (Group and Individual)		Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND										
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims. 18.3 Totals paid					<u></u>				0	0
18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
<ol><li>Unpaid Dec. 31, current year</li></ol>										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21 Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year				(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$........0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0.

ACCIDENT	/ ((14 <del>2</del>   (14)				
	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

<sup>(</sup>b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

# Annual Statement for the year 2008 of the FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	microst maintenance receive	
		1 Amount
1.	Reserve as of December 31, prior year	
2.	Reserve as of December 31, prior year	
٥.	Adjustment for current year's liability gains/(losses) released from the reserve	
4.	Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	0
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	
6.	Reserve as of December 31, current year (Line 4 minus Line 5)	0

#### Amortization

		4	Amortization 2	3	A
	Year of Amortization	1 Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve	Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3)
					(00.00.1 = 0)
1.	2008				0
2.	2009				0
3.	2010				0
4.	2011				0
5.	2012				0
	2013				0
7.	2014				0
8.	2015				0
9.	2016				0
10.	2017				0
11.	2018				0
12	2019				0
	2020				0
14.	2021				0
15.	2022		NONE		0
16.	2023		NONE		0
17.	2024				0
18.	2025				0
10	2026				0
20.	2027				0
21.	2028				0
22.	2029				0
23.	2030				0
24.	2031				0
25	2032				0
27.	2034				0
28.	2035				0
29.	2036				0
30.	2037				0
31.	2038 and Later				0
			0		
JZ.	10(a) (LIIIGS 1 (0 01)	ıU	ıU	U	U

## **ASSET VALUATION RESERVE**

		Default Component			Equity Component			
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)	
Reserve as of December 31, prior year	1,755		1,755				1,755	
Realized capital gains/(losses) net of taxes - General Account			0				0	
Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0	
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account			0				0	
Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts			0				0	
Capital gains credited/(losses charged) to contract benefits, payments or reserves			0				0	
7. Basic contribution			0			0	0	
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	1,755	0	1,755	0	0	0	1,755	
9. Maximum reserve			0			0	0	
10. Reserve objective			0				0	
11. 20% of (Line 10 minus Line 8)	(351)	0	(351)	0	0		(351)	
12. Balance before transfers (Lines 8 + 11)	1,404	0	1,404	0	0		1,404	
13. Transfers			0				XXX	
14. Voluntary contribution			0				0	
15. Adjustment down to maximum/up to zero	(1,404)		(1,404)				(1,404)	
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	0	0	0	0	0	(	0	

29

### **ASSET VALUATION RESERVE**

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

**Default Component** 

			,		Default Compon	ient		O 111 11		01: "			
			1	2	3	4 Balance for	Basic Contribution Reserve Object				Maximum Reserve		
Line Number	NAIC Desig- nation		Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	AVR Reserve Calculations (Cols. 1 + 2 + 3)	5 Factor	Amount (Cols. 4 x 5)	/ Factor	Amount (Cols. 4 x 7)	9 Factor	Amount (Cols. 4 x 9)	
Number	HallOH		value	Elicumbrances	Effcullibrances	(Cois. 1 + 2 + 3)	Factor	(Cois. 4 X 3)	Facioi	(COIS. 4 X I)	Factor	(COIS. 4 X 9)	
		LONG-TERM BONDS											
1		Exempt obligations	6,637,998	XXX	XXX	6,637,998	0.0000	0	0.0000	0	0.0000	0	
2	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0	
3	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0	
4	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0	
5	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0	
6	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0	
7	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	(	
8		Total unrated multi-class securities acquired by conversion		XXX	XXX	0	XXX	0	XXX	0	XXX		
9		Total bonds (sum of Lines 1 through 8) (Page 2, Line 1, Net admitted asset)	6,637,998	XXX	XXX	6,637,998	XXX	0	XXX	0	XXX	(	
		PREFERRED STOCKS											
10	1	Highest quality		XXX	XXX	0 .	0.0004	0	0.0023	0	0.0030	(	
11	2	High quality		XXX	XXX	0 .	0.0019	0	0.0058	0	0.0090	0	
12	3	Medium quality		XXX	XXX	0 .	0.0093	0	0.0230	0	0.0340	(	
13	4	Low quality		XXX	XXX	0 .	0.0213	0	0.0530	0	0.0750	(	
14	5	Lower quality		XXX	XXX	0 .	0.0432	0	0.1100	0	0.1700		
15	6	In or near default		XXX	XXX	0 .	0.0000	0	0.2000	0	0.2000		
16		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000		
17		Total preferred stocks (sum of Lines 10 through 16)		2007	2007		<b>V00</b> /		V0.07		N004		
		(Page 2, Line 2.1, Net admitted asset)	0	XXX	XXX	0 .	XXX	0	XXX	0	XXX		
		SHORT-TERM BONDS											
18		Exempt obligations	,,	XXX	XXX	2,300,443	0.0000	0	0.0000	0	0.0000	(	
19	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	(	
20	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0	
21	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0	
22	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	(	
23	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700		
24	6	In or near default		XXX	XXX	0 .	0.0000	0	0.2000	0	0.2000	(	
25		Total short-term bonds (sum of Lines 18 thru 24)	2,300,443	XXX	XXX	2,300,443	XXX	0	XXX	0	XXX	(	

## **ASSET VALUATION RESERVE (continued)**

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

**Default Component** 

NAIC   Line   Designation   Description   Description   Description   Description   Description   Description   Description   Value   Encumbrances   Encum										- 1			1
NAIC   Name	Maximum Reserve	9	ve Objective	7	Contribution		Polonco for	3	2	Т			
Line   Design   Description   Description   Value   Encumbrances   Cols 1 + 2 + 3)   Factor   Cols 4 x 5   Factor   Cols 4 x 7   Value   Encumbrances   Cols 1 + 2 + 3)   Factor   Cols 4 x 7   Value   Encumbrances   Cols 1 + 2 + 3)   Factor   Cols 4 x 7   Value   Encumbrances   Cols 1 + 2 + 3)   Factor   Cols 4 x 7   Value   Encumbrances   Cols 1 + 2 + 3)   Factor   Cols 4 x 7   Value   Cols 4 x 7   Valu	10	9	0	1	0	5		Δdd	Paclassify	Rook/Adjusted		NAIC	
Number   nation   Description   Value   Encumbrances   Encumbrances   Cols. 1 + 2 + 3)   Factor   Cols. 4 x 5)   Factor   Cols. 4 x 7)   Factor   Co	Amount		Amount		Amount								I ine
Exchange-trained		Factor		Factor		Factor					Description	-	
Exchange-fraded.											DERIVATIVE INSTRUMENTS		
This process   This	.0.0030	0.0030	0	0.0023	0	0.0004	0	XXX	XXX				26
28 2 High quality	.0.0030	0.0030	0	0.0023	0	0.0004	0	XXX	XXX			1	27
3	.0.0090	0.0090	0	0.0058	0	0.0019	0	XXX	XXX			2	28
1	.0.0340	0.0340	0	0.0230	0	0.0093	0	XXX	XXX			3	29
Second	.0.0750	0.0750	0	0.0530	0	0.0213	0	XXX	XXX		Low quality	4	30
Total derivative instruments.	.0.1700	0.1700	0	0.1100	0	0.0432	0	XXX	XXX		Lower quality	5	31
TOTAL (Lines 9 + 17 + 25 + 33)	.0.2000	0.2000	0	0.2000	0	0.0000	0	XXX	XXX		In or near default	6	32
MORTGAGE LOANS   In good standing:	ζ	XXX	0	XXX	0	XXX	0	XXX	XXX	0	Total derivative instruments		33
In good standing:	X	XXX	0	XXX	0	XXX	8,938,441	XXX	XXX	8,938,441	TOTAL (Lines 9 + 17 + 25 + 33)		34
In good standing:											MORTGAGE LOANS		
Farm mortgages   Sesidential mortgages insured or guaranteed.   SXX													
Residential mortgages-insured or guaranteed		(2)	0	(a)	0	(a)	0	VVV					35
Residential mortgages-all other   XXX	0.0010	0.0010	Λ	` '		(-)					3.3.3		
State   Commercial mortgages-insured or guaranteed   SXX		0.0010	Λ										
Commercial mortgages-all other		0.0040	Λ		0								
40   In good standing with restructured terms.	0.0010	(a)	0		0								
Overdue, not in process:		(a)(b)	0	` '		(~)							
41       Farm mortgages.       XXX       0       0.0420       0       0.0760       0         42       Residential mortgages-insured or guaranteed.       XXX       0       0.0005       0       0.00012       0         43       Residential mortgages-all other.       XXX       0       0.0025       0       0.00058       0         44       Commercial mortgages-insured or guaranteed.       XXX       0       0.0005       0       0       0.0012       0         45       Commercial mortgages-all other.       XXX       0       0.0420       0       0       0.0760       0         In process of foreclosure:       XXX       0       0.0000       0       0       0.1700       0		(0)	0	(0)	0	(0)							40
42       Residential mortgages-insured or guaranteed.	0.1200	0.1200	0	0.0760	0	0.0420	0	YYY					<i>1</i> 1
Residential mortgages-all other   XXX   0   0.0025   0   0.00058   0		0.0020	0		0						0 0		
44     Commercial mortgages-insured or guaranteed.		0.0020	0		0								
45   Commercial mortgages-all other		0.0030	0		0								
In process of foreclosure:		0.1200	0		0								
46 Farm mortgages	0.1200	0.1200	0	0.0700	0	0.0420							40
	0.1700	0.1700	0	0.1700	0	0.000	0	YYY			•		16
		0.0040	0		0								
48 Residential mortgages-all other		0.0130	0		0								
49   Commercial mortgages-insured or guaranteed		0.0040					۰						
50   Commercial mortgages-all other		0.1700	Λ		Λ		۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰						
Total Schedule B mortgages (sum of Lines 35 through 50)	0.1700				0	0.0000							50
	v	XXX			^	VVV	0	vvv	^	0			51
51 (Page 2, Line 3, Net admitted asset)	<b></b>	(0)					•		0	0	,		
	······································	(c)XXX	0	(*/************************************		(0)			^	^			

<sup>(</sup>a) Times the company's experience adjustment factor (EAF).

<sup>(</sup>b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

<sup>(</sup>c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

# AVR-Equity Component (Lines 1-30) NONE

**AVR-Equity Component (Lines 31-55) NONE** 

**AVR-Equity Component (Lines 56-74) NONE** 

**AVR-Replications (Synthetic) Assets NONE** 

Sch. F NONE

Sch. H-Pt. 1 NONE

Sch. H-Pt. 2 NONE

Sch. H-Pt. 3 NONE

Sch. H-Pt. 4 NONE

Sch. H-Pt. 5 NONE

Sch. S-Pt. 1-Sn. 1 NONE

Sch. S-Pt. 1-Sn. 2 NONE

> Sch. S-Pt. 2 NONE

Sch. S-Pt. 3-Sn. 1 NONE

Sch. S-Pt. 3-Sn. 2 NONE

> Sch. S-Pt. 4 NONE

> Sch. S-Pt. 5 NONE

32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46

### Annual Statement for the year 2008 of the HEALTHMARKETS INSURANCE COMPANY **SCHEDULE S - PART 6**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	Restatement of Balance Sheet to Iden	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)	(1.01.00000)	, iajaamama	(0.000 0. 00000)
1.	Cash and invested assets (Line 10)	8 977 874		8 977 874
2.	Reinsurance (Line 14)			
3.	Premiums and considerations (Line 13)			
4.	Net credit for ceded reinsurance			
5.	All other admitted assets (balance)			
6.	Total assets excluding Separate Accounts (Line 24)			
7.	Separate Account Assets (Line 25)			
8.		9,405,672	U	9,405,672
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)			
10.	Liability for deposit-type contracts (Line 3)			0
11.	Claim reserves (Line 4)			0
12.	Policyholder dividends/reserves (Lines 5 through 7)			0
13.	Premium & annuity considerations received in advance (Line 8)			0
14.	Other contract liabilities (Line 9)			0
15.	Reinsurance in unauthorized companies (Line 24.2)			0
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3)			0
17.	All other liabilities (balance)	114,996		114,996
18.	Total liabilities excluding Separate Accounts (Line 26)	114,996	0	114,996
19.	Separate Account liabilities (Line 27)			0
20.	Total liabilities (Line 28)	114,996	0	114,996
21.	Capital & surplus (Line 38)	9,290,676	XXX	9,290,676
22.	Total liabilities, capital & surplus (Line 39)	9,405,672	0	9,405,672
	NET CREDIT FOR CEDED REINSURANCE			
23.	Contract reserves	0		
24.	Claim reserves	0		
25.	Policyholder dividends/reserves	0		
26.	Premium & annuity considerations received in advance	0		
27.	Liability for deposit-type contracts	0		
28.	Other contract liabilities			
29.	Reinsurance ceded assets	0		
30.	Other ceded reinsurance recoverables			
31.	Total ceded reinsurance recoverables			
32.	Premiums and considerations			
	Reinsurance in unauthorized companies			
33.	·			
34.	Funds held under reinsurance treaties with unauthorized reinsurers			
35.	Other ceded reinsurance payables/offsets			
36.	Total ceded reinsurance payables/offsets			
37.	Total net credit for ceded reinsurance	0		

### Annual Statement for the year 2008 of the HEALTHMARKETS INSURANCE COMPANY **SCHEDULE T - PART 2**

## **INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

			ales and Territo		iness Only		
		1 Life	2 Annuities	3 Disability Income	4 Long-Term Care	5	6
		(Group and	(Group and	(Group and	(Group and	Deposit-Type	
	States, Etc.	Individual)	Individual)	Individual)	Individual)	Contracts	Totals
1.	AlabamaAL						0
2.	AlaskaAK						0
3.	ArizonaAZ						0
4.	ArkansasAR						0
5.	CaliforniaCA						0
6.	ColoradoCO						0
7.	ConnecticutCT						0
8.	DelawareDE						0
9.	District of ColumbiaDC						0
10.	FloridaFL						0
11.	GeorgiaGA						0
12.	HawaiiHI						0
13.	ldahoID						0
14.	IllinoisIL						0
15.	IndianaIN						0
16.	lowaIA						٥
	KansasKS						۰۰۰۰
17. 10	KentuckyKY						0
18.	LOUISIANALA						0
19.							0
20.	MaineME						0
21.	MarylandMD						0
22.	MassachusettsMA						0
23.	MichiganMI						0
24.	MinnesotaMN						0
25.	MississippiMS						0
26.	MissouriMO						0
27.	MontanaMT						0
28.	NebraskaNE						0
29.	NevadaNV						0
30.	New HampshireNH						0
31.	New JerseyNJ						0
32.	New MexicoNM						0
33.	New YorkNY						0
34.	North CarolinaNC						0
35.	North DakotaND						0
36.	OhioOH						0
37.	OklahomaOK						0
38.	OregonOR						0
39.	PennsylvaniaPA						0
	Rhode Island RI						0
40.							0
41.	South CarolinaSC						0
42.	South DakotaSD						0
43.	TennesseeTN						0
44.	TexasTX						0
45.	UtahUT						0
46.	VermontVT						0
47.	VirginiaVA						0
48.	WashingtonWA						0
49.	West VirginiaWV						0
50.	WisconsinWI						0
51.	WyomingWY						0
52.	American SamoaAS						0
53.	GuamGU						0
54.	Puerto RicoPR						0
55.	US Virgin IslandsVI						
56.	Northern Mariana IslandsMP						Λ
57.	Canada						٥
57. 58.	Aggregate Other AlienOT						٥٠
							0
59.	Totals	0	0	0	0	0	0

## **SCHEDULE Y**

#### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10 11	12	13
						Income/					
						(Disbursements)			Any Other		Reinsurance
					Purchases, Sales	Incurred in			Material Activity		Recoverable/
					or Exchanges of	Connection with	Management	Income/	Not in the		(Payable) on
					Loans, Securities,	Guarantees or	Agreements	(Disbursements)	Ordinary		Losses and/or
NAIC	Federal	Names of Insurers	<u>.</u>		Real Estate,	Undertakings	and	Incurred under	Course of the		Reserve Credit
Company	ID.	and Parent, Subsidiaries	Shareholder	Capital	Mortgage Loans or	for the Benefit	Service	Reinsurance	Insurer's		Taken/
Code	Number	or Affiliates	Dividends	Contributions	Other Investments	of any Affiliate(s)	Contracts	Agreements	* Business	Totals	(Liability)
Affiliated Transac	ctions										
11134	75-2667578	Fidelity First Insurance Company					(2,380)			(2,380)	
	73-1332754	Financial Services Reinsurance, Ltd			44,877		(4,759)	177,601		217,719	
		HealthMarkets, Inc					48,970,854			48,970,854	
	75-2044750	HealthMarkets, LLC	253,100,000	(5,600,000)			876,769			248,376,769	
92908	23-2850522	HealthMarkets Insurance Company					(39,354)			(39,354)	
	75-2791122	HealthMarkets Lead Marketing Group, Inc					34,456,880			34,456,880	
66087	62-0724538	Mid-West National Life Insurance Company of Tennessee	(98,300,000)				(63,481,544)			(161,781,544)	
	51-0339068	New United Agency, Inc					(116,364)			(116,364)	
	75-2707232	Performance Driven Awards, Inc					(6,735,465)			(6,735,465)	
	90-0120736	Success Driven Awards					(3,940,500)			(3,940,500)	
61832	52-0676509	The Chesapeake Life Insurance Company			(44,877)		(17,049,790)	(932,791)		(18,027,458)	128,885,120
97055	59-2213662	The MEGA Life and Health Insurance Company	(151,300,000)				5,665,215	274,902		(145,359,883)	(100,501,207)
	75-2458281	The National Student Association, LLC					(40,775)			(40,775)	
	75-2583080	United Group Reinsurance, Inc	(3,500,000)	5,600,000			(2,416,024)	328,727		12,703	(28,383,913)
	75-2408690	U.S. Managers Life Insurance Company LTD						151,561		151,561	
	35-2214557	ZON Re-UŠA, LLC					3,857,237			3,857,237	
	Control Totals		0	0	0	0	0	0	XXX0	0	0

# Annual Statement for the year 2008 of the HEALTHMARKETS INSURANCE COMPANY SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed with this statement by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state	
	of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

#### MADOLI EII ING

	MARCH FILING	
10.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
12.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed by March 1?	SEE EXPLANATION
14.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed by March 1?	SEE EXPLANATION
15.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
16.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
17.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
18.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC	
	by March 1?	SEE EXPLANATION
19.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically	
	with the NAIC by March 1?	SEE EXPLANATION
20.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile	
	and electronically with the NAIC by March 1?	SEE EXPLANATION
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the	
	state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
22.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of	
	domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
23.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
24.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
25.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and	
	electronically with the NAIC by March 1?	SEE EXPLANATION
26.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	SEE EXPLANATION
27.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
28.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
29.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
30.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
31.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
32.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	SEE EXPLANATION

## Annual Statement for the year 2008 of the HEALTHMARKETS INSURANCE COMPANY SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

BAR CODE:

**EXPLANATIONS:** 2. 7. 8. 9. 10. This line of business is not written by the Company 11. This line of business is not written by the Company 12. This line of business is not written by the Company This line of business is not written by the Company This line of business is not written by the Company 15. This line of business is not written by the Company This line of business is not written by the Company This line of business is not written by the Company This line of business is not written by the Company 18. 19. This line of business is not written by the Company 20. This line of business is not written by the Company 21. This line of business is not written by the Company 22. This line of business is not written by the Company This line of business is not written by the Company This line of business is not written by the Company This line of business is not written by the Company 25. 26. This line of business is not written by the Company This line of business is not written by the Company This line of business is not written by the Company This line of business is not written by the Company 29 30. This line of business is not written by the Company 31. This line of business is not written by the Company

32. This line of business is not written by the Company

# Overflow Page NONE

Overflow Page NONE



#### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF.....Alaska

NAIC Company Code.....92908

Telephone Number.....

NAIC Group Code.....264 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

NONE

AA Januard Olaina AA AE Januard Olaina	
The state of the s	18
Standardized   12 13   16 17	
Policy Medicare Date Date Date Percent Percent Percent of Number of of Nu	Number of
Compliance Form Supplement Medicare Plan Date Approval Last Date Policy Marketing Premiums Premiums Covered Premiums Premiums	Covered
with OBRA Number Benefit Plan Select Characteristics Approved Withdrawn Amended Closed Trade Name Earned Amount Earned Lives Earned Amount Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number......
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".

**NONE** 



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Alabama

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Telephone Number.....

Title.....

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Arkansas

NAIC Company Code.....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1)

FOR THE STATE OF.....American Samoa

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....92908

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1)
FOR THE STATE OF......Arizona

NAIC Company

NAIC Company Code.....92908

Telephone Number.....

Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

NAIC Group Code.....264

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......California

NAIC Group Code.....264
Address (City, State and Zip Code).....
NAIC Company Code.....92908

Person Completing This Exhibit.....

Title.....

Telephone Number.....

Telephone Number.....

1	2	3	4	5	6	7	8	9	1001		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	ed Claims	18
		Standardized									12	13			16	17	1
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".

Title.....



#### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF.......Colorado

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

Telephone Number.....

NAIC Company Code.....92908

NONE

1	2	3	4	5	6	7	8	9	1001		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	ed Claims	18
		Standardized									12	13			16	17	1
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008
(To Be Filed by March 1)

FOR THE STATE OF.....Connecticut

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....92908

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1)

FOR THE STATE OF......District of Columbia

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....92908

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Delaware

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Telephone Number.....

Title.....

NONE

Telephone Number.....

1	2	3	4	5	6	7	8	9	10		Policies Issue	d Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurre	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Florida

NAIC Company Code.....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF.......Georgia

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Telephone Number.....

Title.....

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF........Guam

NAIC Company Code.....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008
(To Be Filed by March 1)

FOR THE STATE OF.....Hawaii

NAIC Group Code.....264
Address (City, State and Zip Code).....
NAIC Company Code.....92908

Title.....

Telephone Number.....

1	2	3	4	5	6	7	8	9	1001		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	ed Claims	18
		Standardized									12	13			16	17	1
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

Person Completing This Exhibit.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......lowa

NAIC Company Code.....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	1001		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	ed Claims	18
		Standardized									12	13			16	17	1
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF.....Idaho

NAIC Group Code.....264 NAIC Company Code.....92908 Address (City, State and Zip Code)..... Person Completing This Exhibit.....

Title.....

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9			Policies Issued	d Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".

Title.....



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Illinois

NAIC Group Code.....264 Address (City, State and Zip Code)..... Person Completing This Exhibit..... NAIC Company Code.....92908

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Indiana

NAIC Company Code.....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF........Kansas

NAIC Company Code.....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Kentucky

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Telephone Number.....

Title.....

NONE

1	2	3	4	5	6	7	8	9	1001		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	ed Claims	18
		Standardized									12	13			16	17	1
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF.....Louisiana

NAIC Company Code.....92908 Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Group Code.....264

Title.....

Telephone Number..... NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005		F	Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1)

FOR THE STATE OF......Massachusetts

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....92908

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	1 10		Policies Issue	d Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurre	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Maryland

NAIC Company Code.....92908

Address (City, State and Zip Code)..... Person Completing This Exhibit.....

NAIC Group Code.....264

Title.....

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9			Policies Issued	d Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Maine

NAIC Company Code.....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	1001		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	ed Claims	18
		Standardized									12	13			16	17	1
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Michigan

NAIC Company Code.....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1)
FOR THE STATE OF......Minnesota

NAIC Company Code.....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	1 10		Policies Issued	d Through 2005			Policies Issued in	2006, 2007 & 2008	ı
										11	Incurre	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Missouri

NAIC Company Code....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1)

FOR THE STATE OF......Northern Mariana Islands

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....92908

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Mississippi

NAIC Company Code.....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	1001		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	ed Claims	18
		Standardized									12	13			16	17	1
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Montana

NAIC Company Code.....92908

Telephone Number.....

Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Group Code.....264

" NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008
(To Be Filed by March 1)

FOR THE STATE OF.....North Carolina

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....92908

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008
(To Be Filed by March 1)

FOR THE STATE OF.....North Dakota

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....92908

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	1 10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Nebraska

NAIC Company Code.....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008
(To Be Filed by March 1)

FOR THE STATE OF.....New Hampshire

NAIC Company Code.....92908

Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Group Code.....264

Title.....

Telephone Number.....

1	2	3	4	5	6	7	8	9	1 10		Policies Issue	d Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurre	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF.....New Jersey

NAIC Company Code.....92908

NAIC Group Code.....264 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number......
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1)

FOR THE STATE OF.....New Mexico

NAIC Group Code.....264 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

NAIC Company Code.....92908

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1)

FOR THE STATE OF.....Nevada

NAIC Company Code.....92908

Telephone Number.....

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......New York

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Telephone Number.....

Title.....

NONE Policies Is

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Ohio

NAIC Company Code.....92908

Telephone Number.....

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".

Title.....



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Oklahoma

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

Telephone Number.....

NAIC Company Code.....92908

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008
(To Be Filed by March 1)

FOR THE STATE OF.....Oregon

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Telephone Number.....

Title.....

NONE

1	2	3	4	5	6	7	8	9	1001		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	ed Claims	18
		Standardized									12	13			16	17	1
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".

Compliance

with OBRA



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008 (To Be Filed by March 1)

FOR THE STATE OF.....Pennsylvania

NAIC Company Code.....92908

NAIC Group Code.....264 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

Policy

Form

Telephone Number..... NONE

5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in 2	2006, 2007 & 2008	
						11	Incurred	l Claims	14	15	Incurred	d Claims	18
							12	13			16	17	
		Date	Date					Percent of	Number of			Percent of	Number of
Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

Standardized

Medicare

Supplement

Benefit Plan

Medicare

Select

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.2 Contact person and phone number......
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008
(To Be Filed by March 1)

FOR THE STATE OF.....Puerto Rico

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....92908

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008
(To Be Filed by March 1)

FOR THE STATE OF.....Rhode Island

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....92908

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008
(To Be Filed by March 1)

FOR THE STATE OF.....South Carolina

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....92908

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1)

FOR THE STATE OF.....South Dakota

NAIC Group Code.....264 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

NAIC Company Code.....92908

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number......
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF.....Tennessee

NAIC Company Code.....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

N	0	N	
	10		
	10		. –

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF.....Texas

NAIC Company Code.....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

N		N	F
_ \	10		

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF.....Utah

NAIC Group Code.....264 NAIC Company Code.....92908 Address (City, State and Zip Code)..... Person Completing This Exhibit.....

Title.....

N	0	N	
	10		
	10		. –

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Virginia

NAIC Company Code.....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

Policies Issued Through 2005 Policies Issued in 2006, 2007 & 2008 Incurred Claims 14 15 Incurred Claims 18 Standardized Number of Percent of Policy Medicare Date Date Percent of Number of Policy Marketing Trade Name Compliance Form Supplement Medicare Plan Date Last Date Premiums Premiums Covered Premiums Premiums Covered Approval with OBRA Benefit Plan Select Earned Earned Number Characteristics Approved Withdrawn Amended Closed Amount Earned Lives Amount Earned Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1)

FOR THE STATE OF......U.S. Virgin Islands

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....92908

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Vermont

NAIC Company Code.....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

N	0	N	
	10		
	10		. –

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1)

FOR THE STATE OF.....Washington

NAIC Company Code.....92908

NAIC Group Code.....264 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

Telephone Number.....

NON	
10	

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.2 Contact person and phone number......

4. Explain any policies identified as policy type "O".

Title.....



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF.......Wisconsin

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....92908

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008
(To Be Filed by March 1)

FOR THE STATE OF.....West Virginia

NAIC Group Code.....264
Address (City, State and Zip Code).....
NAIC Company Code.....92908

Title.....

NONE Policies Is

1	2	3	4	5	6	7	8	9	1001		Policies Issued	Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	ed Claims	18
		Standardized									12	13			16	17	1
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

Person Completing This Exhibit.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



For the Year Ended December 31, 2008 (To Be Filed by March 1) FOR THE STATE OF......Wyoming

NAIC Company Code.....92908

NAIC Group Code.....264
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2005			Policies Issued in	2006, 2007 & 2008	
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

**GENERAL INTERROGATORIES** 

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".

# 2008 ALPHABETICAL INDEX LIFE ANNUAL STATEMENT BLANK

Analysis of Increase in Reserves During The Year	7	Schedule D – Part 4	E14
Analysis of Operations By Lines of Business	6	Schedule D – Part 5	E15
Asset Valuation Reserve Default Component	30	Schedule D – Part 6 – Section 1	E16
Asset Valuation Reserve Equity	32	Schedule D – Part 6 – Section 2	E16
Asset Valuation Reserve Replications (Synthetic) Assets	35	Schedule D – Summary By Country	SI04
Asset Valuation Reserve	29	Schedule D – Verification Between Years	SI03
Assets	2	Schedule DA – Part 1	E17
Cash Flow	5	Schedule DA – Verification Between Years	SI11
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts	9	Schedule DB – Part A – Section 1	E18
Exhibit 1 – Part 2 – Dividends and Coupons Applied, Reinsurance			
Commissions and Expense	10	Schedule DB – Part A – Section 2	E18
Exhibit 2 – General Expenses	11	Schedule DB – Part A – Section 3	E19
Exhibit 3 – Taxes, Licenses and Fees (Excluding Federal Income			
Taxes)	11	Schedule DB – Part A – Verification Between Years	SI12
Exhibit 4 – Dividends or Refunds	11	Schedule DB – Part B – Section 1	E19
Exhibit 5 – Aggregate Reserve for Life Contracts	12	Schedule DB – Part B – Section 2	E20
Exhibit 5 – Interrogatories	13	Schedule DB – Part B – Section 3	E20
Exhibit 5A – Changes in Bases of Valuation During The Year	13	Schedule DB – Part B – Verification Between Years	SI12
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts	14	Schedule DB – Part C – Section 1	E21
Exhibit 7 – Deposit-Type Contracts	15	Schedule DB – Part C – Section 2	E21
Exhibit 8 – Claims for Life and Accident and Health Contracts –	10	Constant DB Tart O Coolin 2	
Part 1	16	Schedule DB – Part C – Section 3	E22
Exhibit 8 – Claims for Life and Accident and Health Contracts –	10	Contourie DB T uit O Cootion C	
Part 2	17	Schedule DB – Part C – Verification Between Years	SI13
Exhibit of Capital Gains (Losses)	8	Schedule DB – Part D – Section 1	E22
Exhibit of Life Insurance	25	Schedule DB – Part D – Section 1 Schedule DB – Part D – Section 2	E23
Exhibit of Net Investment Income	8	Schedule DB – Part D – Section 3	E23
Exhibit of Nonadmitted Assets	18	Schedule DB – Part D – Verification Between Years	SI13
Exhibit of Number of Policies, Contracts, Certificates, Income	07	Calculate DD Dark E. Continue 4	E04
Payable and Account Values	27	Schedule DB – Part E – Section 1	E24
Five-Year Historical Data	22	Schedule DB – Part E – Verification Between Years	SI13
Form for Calculating the Interest Maintenance Reserve (IMR)	28	Schedule DB – Part F – Section 1	SI14
General Interrogatories	20	Schedule DB – Part F – Section 2	SI15
Jurat Page	1	Schedule E – Part 1 – Cash	E25
Liabilities, Surplus and Other Funds	3	Schedule E – Part 2 – Cash Equivalents	E26
Life Insurance (State Page)	24	Schedule E – Part 3 – Special Deposits	E27
Notes To Financial Statements	19	Schedule E – Verification Between Years	SI16
Overflow Page For Write-ins	53	Schedule F	36
Schedule A – Part 1	E01	Schedule H – Accident and Health Exhibit – Part 1	37
Schedule A – Part 2	E02	Schedule H – Part 2, Part 3, and Part 4	38
Schedule A – Part 3	E03	Schedule H – P art 5, Health Claims	39
Schedule A – Verification Between Years	SI02	Schedule S – Part 1 – Section 1	40
Schedule B – Part 1	E04	Schedule S – Part 1 – Section 2	41
Schedule B – Part 2	E05	Schedule S – Part 2	42
Schedule B – Part 3	E06	Schedule S – Part 3 – Section 1	43
Schedule B – Verification Between Years	SI02	Schedule S – Part 3 – Section 2	44
Schedule BA – Part 1	E07	Schedule S – Part 4	45
Schedule BA – Part 2	E08	Schedule S – Part 5	46
Schedule BA – Part 3	E09	Schedule S – Part 6	47
Schedule BA – Verification Between Years	SI03	Schedule T – Part 2 Interstate Compact	49
Schedule D – Part 1	E10	Schedule T – Prant 2 Interstate Compact Schedule T – Premiums and Annuity Considerations	49
John Guille D - Fait I	<b>□10</b>	Schedule Y – Information Concerning Activities of Insurer	40
Schodula D. Part 1A. Section 1	SI05		50
Schedule D – Part 1A – Section 1	3103	Members of a Holding Company Group	30
Schedule D – Part 1A – Section 2	SI08	Schedule Y – Part 2 – Summary of Insurer's Transactions With	<b>E</b> 1
Schedule D - Fait IA - Section 2		Any Affiliates	51
Schodulo D. Part 2. Scotion 1	E11	Cummary Invastment Cabadula	
Schedule D - Part 2 - Section 1	E11	Summary Investment Schedule	SI01
Schedule D – Part 2 – Section 1 Schedule D – Part 2 – Section 2 Schedule D – Part 3	E11 E12	Summary Investment Schedule Summary of Operations Supplemental Exhibits and Schedules Interrogatories	5101 4 52